APPENDIX 3b - Low Risk (Basic) Travel Assessment Form – Staff

Department:

Description of Travel and/or Work Away	
Location of activity	**Dates* of travel/work away** Leaving Cambridge/UK on: Date of return to UK/Cambridge: [*or range of dates for repeat visits]
Assessment of Risk – The hazards and consequent risks of this activity are similar to what I encounter doing low risk work at Cambridge (e.g. office work, attending lectures). **This is therefore a low risk activity.** The statements below list the precautions I will take to avoid higher risks.	

I will take reasonable precautions to avoid putting myself at risk, and:

- I will follow the UK Foreign and Commonwealth Office (FCDO) Travel Advice. I understand that this risk assessment is suitable only for travel to countries with the same levels of safety as the UK.
- I will use a regular mode of travel provided by a reputable company, allowing adequate travel time to avoid unnecessary risks.
- I will not travel if adverse weather, natural disaster or civil disturbance is indicated.
- I have read the University of Cambridge Travel Insurance Policy and am aware of all exclusions (including higher risk leisure activities).
- I will use accommodation providers as per University and departmental policy.
- My itinerary and contact number have been posted with a departmental contact (e.g. Supervisor or Administrator).
- I will follow the safety advice and guidance of the host organisation, and will report any safety concerns to the host organisation and/or to my department's management.
- I will avoid lone working and travelling alone as far as possible.
- I understand that further risk assessment is required for higher risk activities e.g. visits to developing countries, work in communities, laboratory work etc, and will consult the nominated person to obtain approval as per the department procedure for Work and Travel Away.

Staff member: I am signing to indicate that I have read and will abide by the statements above and will carry out additional risk assessment where necessary.

First name:	Surname (family name):	CRSid:
Emergency contact number:	Signature:	Date: