

APPENDIX 4b - Medium Risk (Standard) Travel Assessment Form - Staff

A. Contact details

Full name	CRSid	Are your own and emergency contact details up to date on ESS?	Email address while away (if different to University email)

Local Contact (away from Cambridge) e.g. onsite supervisor or host

Full name	Contact number (+ local area code)	Email address	Language spoken

B. Travel Itinerary

Please include estimated arrival and departure dates for all countries you intend to visit.

Travel start date	
Travel end date	
Location of working away (<i>town/city and country</i>)	
Address and contact number of your accommodation	

C. Work Details

Category/type of working away	<i>Please describe e.g. archival work, fieldwork</i>	
Detailed description of proposed activities including sites you will work across (if there are multiple)		
Working in isolation (lone working)? Yes/No	Supervised? Yes/No	Collaborating with others? Yes/No

D. Foreign and Commonwealth Office (FCO) Travel advice rating

Please tick below the FCO rating for the area that you will be **travelling in/through or staying and working in**

No specific rating given <input type="checkbox"/>	See our travel advice before travelling <input type="checkbox"/>	Advise against all but essential travel OR <input type="checkbox"/> advise against all travel *
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Please write in the date you checked the FCO advice:

**If you ticked the red box, you must fill in a High Risk (Elevated) Travel Assessment Form instead of this one.*

You can sign up to FCO travel alerts by following this link: <https://www.gov.uk/foreign-travel-advice>

Select your destination and subscribe to the email alerts for the country you propose to visit.

By signing here, I agree that I will subscribe to and monitor Foreign and Commonwealth Office travel alerts for my proposed destination(s)

Signature	Date

E. Personal Characteristics, Local Laws, and Customs

Please sign to indicate that you have considered your wellbeing needs and discussed these with your manager (if appropriate) and record any information that you feel is relevant. Please also read all information relating to the [local laws and customs](#) of the area you are visiting and consider implications of your personal characteristics within the local culture.

Signature:	Date:
Relevant summary of the discussion:	

F. Insurance

Please give details of travel insurance that covers your travel/work away outside the UK:

Name of insurer:	Policy number:

G. Contact with Department at Cambridge

Arrange a suitable frequency and method of contact with a department representative in the UK for the duration of the trip.

Contact Person (primary and alternate)	Contact Frequency	Email address / phone number of contact person	Means of Communication
<i>e.g. Manager, HoD Nominee</i>	<i>e.g. once a month</i>		<i>e.g. email</i>

H. Passport Information

I confirm my up to date passport details are held by the department.

If you hold dual citizenship, state passport will you be travelling with.....

What is your other nationality?

I. Hazards, Risks and Control Measures

The table has been pre-filled with **examples** of hazards that may be present during your proposed working away. You **must amend, remove,** or **add** hazards as appropriate to your work away. Control measures should be specific to you and the work you are proposing.

Please click on the topics for more information and examples of risk control measures

Hazard and Description For each topic, list foreseeable issues that may cause you harm	How is this likely to affect you? Describe how hazards can cause harm to you and how your work activities or personal characteristics could affect the likelihood of you being exposed to harm	Control Measures Actions/precautions you will take to eliminate/reduce the impact of the hazard or likelihood of harm occurring
<u>Work related hazards</u>		
<u>Crime</u>		
<u>Political Violence/Conflict</u>		
<u>Accident - Travel and Personal</u>		
<u>Authorities</u>		
<u>Environment</u>		
<u>Health (mental and physical)</u>		

J. Agreement and Sign-Off

Person working away (traveller): I am signing to indicate that I have read and will abide by the statements above and will carry out additional risk assessments if and when circumstances change or the risks are not covered by this assessment.

Name:	Date:	Signature:
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Supervisor/PI/Manager/HoD Nominee (listed in departmental procedure): I am signing to indicate that this constitutes a suitable and sufficient assessment of the risks of the proposed travel/work away.

Name:	Signature:
Role:	Date:

A copy of this form should be kept by the person travelling, and another by the person responsible for student matters including travel authorisations (see your departmental procedure).