**Travel Risk Assessment**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **About You** (all fields marked with \* are mandatory) | | | | | | | | |
| Traveller Name\* |  | | | Employee / Student ID\* | | |  | |
| Email: |  | | | Nationality | | |  | |
| Gender | Male  Female  Other | | | | | | | |
| Line Manager / Academic Supervisor\* | Name |  | | | Tel | |  | |
| Email |  | | | | | | |
| **Your Trip** | | | | | | | |
| Destination(s) to be visited\*  Countries/cities/areas etc. |  | | | | | | |
| Purpose of Travel\*  Please outline your planned activities. |  | | | | | | |
| Proposed Departure Date\* |  | | Proposed Return Date\* | | |  | |
| Details of Accommodation (e.g. address, website) |  | | | | | | |
| What travel risk training have you undertaken? |  | | | | | | |

|  |
| --- |
| **Guidance Notes** |

The risk assessment is required:

1. To identify the individual travel risks that you may face during your trip and develop risk mitigation measures to help to reduce these risks as far as reasonably practical;
2. To measure the severity of risks are (after mitigation measures have been applied), so that the traveller and the School can make an informed decision on whether to accept them or not.

In order to provide an accurate, up-to-date reflection of the risks you may face, you should undertake extensive contextual research on your destinations. It is recommended you gather information from a wide range of sources, including:

* UK Foreign, Commonwealth and Development Office (<https://www.gov.uk/foreign-travel-advice>) or other governments
* Insurer [AIG](http://www.mylifeline.co.uk)
* Colleagues
* Local Partners or other contacts
* National and International News
* Social Media
* <http://www.fitfortravel.nhs.uk/home.aspx>

We all have different perceptions of risk which can be influenced by many different factors, including our previous travel experience, our appetite to take risk and our familiarity with the context. It is therefore recommended that you collaborate with others and seek technical support as much as possible when completing this form. This is to confirm that the risks identified in this form are an accurate and true reflection of the context, and that any risk mitigation measures proposed are realistic.

Draft risk Assessments should be submitted to the H&S Team *before* seeking approval from your academic supervisor or line manager.

Once your risk assessment has been deemed adequate and you have been issued with the travel insurance cover note, you should submit your final risk assessment to your academic supervisor or line manager for approval.

|  |
| --- |
| **Risk Assessment** |

|  |  |  |
| --- | --- | --- |
| **Likelihood** | | |
| 1 | Very Low | The risk will only occur in the most exceptional of circumstances |
| 2 | Low | The risk is not expected to occur in most circumstances |
| 3 | Medium | The risk will occur in some circumstances |
| 4 | High | The risk will occur in most circumstances |
| 5 | Very High | The risk will occur in just about all circumstances |

|  |  |  |
| --- | --- | --- |
| **Impact** | | |
| 1 | Very Low | Minor injury that requires local first aid treatment |
| 2 | Low | Recoverable injury or illness that may require treatment at local medical facility; minor psychological impact that can be treated without need for professional psychosocial support |
| 3 | Medium | Moderate injury or illness that requires non-urgent hospital treatment or possible relocation; moderate psychological trauma that may require professional psychosocial support |
| 4 | High | Life-threatening injury or illness that requires urgent hospital treatment or possible evacuation; severe psychological trauma that requires lengthy professional psychosocial support |
| 5 | Very High | Single or multiple deaths |

|  |  |
| --- | --- |
| **Risk Rating** | |
| **NEGLIGIBLE (1-3)** | General awareness from travellers; generic travel advice followed |
| **LOW  (4-6)** | Increased awareness from travellers; generic travel advice followed |
| **MEDIUM  (7-11)** | Heightened awareness and continual situational awareness. May require application of context-specific risk mitigation measures. |
| **HIGH  (12-20)** | **Priority Concern** – will require the application robust risk mitigation and incident management measures. Requires escalation to senior managers |
| **EXTREME (21-25)** | **Beyond the School’s risk appetite** – risk to be avoided entirely or transferred |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What are the travel risks?** | | **How will I reduce the risk?** | **What is the severity of the risk?**  **Likelihood x Impact = Risk Rating** | | |
| **What is it that can harm me?**  *e.g. robbery, state arrest, road traffic accident, kidnap, disease, natural disasters, pickpocketing, harassment, civil unrest, stress etc* | **How vulnerable I am to it?**  *Think:*   * *Your personal profile* * *Your research topic and methodology* * *Locations where you are travelling to* * *Who you are travelling with* | **LIKELIHOOD**  **(1-5)** | **IMPACT**  **(1-5)** | **RISK RATING** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Contingency Plans** |

|  |  |
| --- | --- |
| **Please indicate measures you would take in the event of a:** | |
| *Medical emergency (e.g. acute injury or illness):* |  |
| *Rapid deterioration in the security situation:* |  |
| *Serious safety or security incident that requires additional support:* |  |

|  |
| --- |
| **Authorisation** |

|  |  |  |
| --- | --- | --- |
| **Traveller** | | |
| *I confirm that the travel risks identified in this form accurately and truly reflect the locations where I am travelling to. I confirm that I have taken all reasonable steps to ensure these travel risks have been minimised in accordance with the School’s Overseas Travel Policy.* | | |
| **Name:** | **Signature:** | **Date:** |
|  |  |  |
| **Academic Supervisor / Line Manager** | | |
| *I agree that this risk assessment accurately reflects the travel risks the traveller may face and that all reasonable steps have been taken to minimise them.* | | |
| **Name:** | **Signature:** | **Date:** |
|  |  |  |