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| Risk Assessment Form |

Please complete the below risk assessment form, for Travel categorised as Medium or High risk and attach to your online Travel application.

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| 1. On the Foreign and Commonwealth Office website at <http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country>, what is the advice given for the country you intend to visit? Show also the date that you obtained the advice and include advice for all regions/cities you are travelling through or to. |
| We also recommend that you view details of your destination(s) on our insurer’s website at [www.red24.com/affiliate/acebusinessclass/index.php](http://www.red24.com/affiliate/acebusinessclass/index.php) (password 7797 then click the ‘Travel Assistance Website’ button in Section 2). |
| 2. Will your visit include fieldwork?       If ‘yes’ continue from 2a, if ‘no’ go straight to 3. |
| 2a. Describe the fieldwork you will undertake: |
| 2b. Provide site contact details, including a contact name, address, telephone number and e-mail address: |
| 3. Describe the actual or potential hazards identified on the FCO website for your destination. Include those identified for all regions/cities you are travelling through or to. Detail the actions you will take to manage each of these risks. |
| Please ensure that you check with your GP for required and recommended medication for your destination and ensure your immunisations are up to date. Alternatively, a travel clinic is held weekly by the University’s Occupational Health Service. Details are at [www.admin.ox.ac.uk/uohs/at-work/travel/#d.en.2436](http://www.admin.ox.ac.uk/uohs/at-work/travel/#d.en.2436) |

**Declaration**

I am physically fit to travel and have no medical condition that may be exacerbated or could endanger me by travelling to the proposed area(s)

Signature of applicant Date *(cover will operate from this date*

*in the event of a cancellation claim)*

I have reviewed this risk assessment for overseas travel and I am satisfied that suitable arrangements are in place to minimise foreseeable risks.

Signature of Line Manager /Supervisor/HoD Date

Signature of Head of Administration and Finance Date