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| **Section 1 of 10: About the trip** | |
| **Title of research project** |  |
| **Purpose of trip** |  |
| **Destination** |  |
| **Date of trip** |  |
| **Duration of trip** |  |
| **Date of this assessment** |  |
| **COVID 19:** Compliance with international travel rules is recommended. |  |

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| **Section 2 of 10: About the researcher/s** | |
| **Name** |  |
| **Date of birth** |  |
| **Gender** |  |
| **Nationality** |  |
| **Capability to participate** *E.g. are there any medical physical, emotional or behavioural impacts on the ability to take part?* |  |
| **Previous overseas research experience**  *Please describe briefly* |  |
| **Disability or other individual needs**  *e.g. dietary or medical* |  |

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| **Section 3 of 10: About the staff** | | |
| **Trip Leader**  *The participant’s course leader for academic staff and students, or 2nd line manager for support staff* | |  |
| **Deputy Trip Leader** | |  |
| **Leadership Team**  *Includes all staff concerned in supervising planning and delivery of the trip* | |  |
| **Staff**  *Includes all staff taking part in planning or delivery who are not members of the leadership team* | |  |
| **In-country representation**  *An individual or organization which supports the trip in-country e.g. a local company providing daily travel to / from the project site* | |  |
| **UK specific point of contact**  *An identified staff member with intimate knowledge of the trip who can be contacted 24/7/365* | |  |
| **Other stakeholders**  *e.g. in a joint project with another university, or one involving more than one academic department* | |  |
| **3rd party providers**  *e.g. a provider of contracted services to the trip such as a hotel or training consultant* | |  |
| **Section 4 of 10: Foreign & Commonwealth Office** | | |
| **F&CO travel advice**  *Mandatory. Please describe briefly* |  | |
| **Local F&CO contact details** |  | |
| **Assessed as Safe to Travel**  (Yes: No; With conditions) |  | |

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| **Section 5 of 10: Insurance cover**  *This must be confirmed with the University Finance Department for every trip.* | |
| **Personal** |  |
| **Medical / dental** |  |
| **Equipment** |  |
| **Kidnap / ransom** |  |
| **Evacuation / repatriation** |  |
| **Public liability** |  |

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| **Section 6 of 10: Emergency arrangements and Risk Assessment** | | | | |
| **Incident / emergency planning arrangements** |  | | | |
| **Accident / near-miss reporting arrangements** |  | | | |
| **Risk Assessment Form completed**  *An ethics H&S risk assessment form must be completed in every instance* | | | **Form attached**  *Tick below and enter date of assessment* | |
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| **Section 7 of 10: Pre-trip training** | | | | |
| **Hostile Environment training e.g. physical, cultural, task related, or for survival skills**  *This may apply to some trips in especially challenging locations, or where a participant has no prior experience of the location and is felt, by the leader, to be vulnerable or at risk* | |  | | |

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| **Section 8 of 10: Medical** | |
| **Immunisations** *Detail and confirm that the Researcher & all other members of the team, where relevant, have received recommended immunisations*  **Further information on Travel Health is available via** [**Staff Portal**](https://portal.roehampton.ac.uk/information/healthandsafety/Pages/travel-safety.aspx) |  |
| **Medical/First aid expertise**  *Has a first aider been identified as a requirement in the Risk Assessment? Describe any medical/ first aid expertise of any participants or staff who will be present during the trip* |  |
| **First aid kit (destination specific)**  *e.g. tropical or desert* |  |
| **Medication**  *Specify any prescribed medication required by any participant or staff who will be present during the trip* |  |

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| **Section 9 of 10: About the communication plan** | |
| **Routine communications**  *Who will be contacted, how, and with what frequency?*  *What is the contingency for missed or overdue contact?* |  |
| **Emergency communications**  *Who will be contacted 24/7/365 in an emergency in-country and at the University? How? What is the contingency for missed contact?*  *Risk Assessment should detail how communications are managed in remote locations* |  |
| **Contacts**  *List all contact details for this trip* |  |

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| **Section 10 of 10: About the contingency plan** | |
| **Illness or injury** |  |
| **Change of route or activity** |  |
| **Change in social or political stability** |  |
| **Extreme natural events** |  |
| **Transport delay/ breakdown/accident** |  |
| **Theft or loss of money or travel documents** |  |
| **Theft, loss of or damage to critical equipment or clothing** |  |