**Overseas Travel Safety and Security Risk Assessment**

This form is provided to assist you in the planning process for your proposed travel overseas as part of University-related activities.

It has been designed to help you identify the steps you need to take to ensure your trip is safe and successful; it also assists the University to comply with legal, ethical and social obligations in respect of activities associated with the University.

**This assessment relates solely to Overseas travel, any other risks associated with the fieldwork activities must be assessed separately – see UCEA Fieldwork Guidance;**

<http://www.ucea.ac.uk/en/Publications/>

Before completing the form please refer to the guidance document Guidelines for Completing the University’s Overseas Travel Safety and Security Risk Assessment;

<http://www.sussex.ac.uk/hso/1-2-16-1-2.html>

**COMPLETING THIS FORM**

**PART 1 – To be completed by ALL**

*\*Except those who are registered as a distant learning student, who plan to do research fieldwork outside the UK in their normal place of residence (home country), where NO travel warnings have been issued. See guidance note for more information.*

**PART 1 & 2 – To be completed when** you are travelling to a country or region where the Foreign & Commonwealth Office have advised:

* Against all travel
* Against all travel to parts of the country
* Against all but essential travel
* Against all but essential travel to parts of the country, or
* You are aware that you will be going to places that you believe may be of higher risk

**The University considers that these areas are of higher risk and therefore both you and the Universityneed to take all reasonable and practicablesteps to reduce the risk to you while you are travelling.**

Until this form has been received and the trip agreed by the Supervisor/Head of School/Director you will not be authorised to travel.

**PART 1 – To be completed by ALL\***

|  |  |
| --- | --- |
| **NAME** |  |
| **School/ Department** |  |

|  |  |  |
| --- | --- | --- |
| Does this risk assessment relate to a single trip or are you planning multiple trips associated with the same business / research activities | Single Trip | Multiple Trips  **+**(Risk Assessment valid for 1 year from date of first trip) |
| **Where are you travelling to?**  Country, Region & Town  **When will you be travelling?**    **+**For multiple trips, please list all the places you are planning to travel and the estimated dates you will be away. |  | |
| **Does this Country/Region appear on the Foreign and Commonwealth Office website advising against travel?**  [**www.fco.gov.uk**](http://www.fco.gov.uk) | Yes  No    \*if ‘YES’ then you ***must*** complete Part 2 of this form. | |
| **What is the purpose of this trip / these trips?**  (e.g. Fieldwork, Conference, Recruitment, other)  **Why is this travel essential?**  **How long will you be there?** |  | |
| **Have you travelled here before?**  On how many previous occasions? Please specify if you have extensive knowledge of the country you are visiting (gained from residence, citizenship or work experience there) | Yes  No | |
| **Contact Information**  Mobile Number if applicable  Main Address & Telephone number  Additional Addresses & Telephone Number |  | |
| **What form of transport will you use whilst in the destination country?**  If driving a vehicle do you have an appropriate driving licence? | Yes  No | |
| **At any point will you be travelling alone?**  If yes, **please refer to the UCEA fieldworking guidelines.** | Yes  No | |
| **Have you or will you be arranging insurance with the University Insurance Office (grp\_insurance@sussex.ac.uk)?**  *If no insurance can be obtained then staff will not be permitted to travel*. | Yes  No  If there are any restrictions please outline them here: | |
| **Health Checks and Vaccinations identified to be necessary.** (Advice available from FCO or GP)  - Include any details and dates here of inoculations / malaria medication courses etc. |  | |
| **Any other health-related information you may think is relevant**  *This information will enable us to provide you with any further support you may need.* |  | |
| **Next of Kin**  Please provide information of who to contact in the event of an emergency |  | |

Part 1 sign-off *(only if you are not completing Part 2)*

The information given on this from is correct to the best of my knowledge and in the event of subsequent alterations I will ensure that it is updated as necessary.

|  |  |
| --- | --- |
| **Name :** |  |
| **Signature** |  |
| **Date** |  |
|  |  |

**STUDENTS: Send the form to your Supervisor for checking and signature**

**STAFF: Send the form to your line manager for checking and signature**

**SIGNATURES**

|  |  |
| --- | --- |
| ***Supervisor Signature (Students) or Line Manager Signature (Staff)*** | |
| Assessment & Recommendations: |  |
| Name of Supervisor / Line Manager |  |
| Signature of the Supervisor / Line Manager |  |
| Date |  |

**PART 2**

**To be completed by those travelling to a country or region that the Foreign & Commonwealth Office have advised:**

* Against all travel
* Against all travel to parts of the country
* Against all but essential travel
* Against all but essential travel to parts of the country, or
* You are aware that you will be going to places that you believe may be of higher risk

|  |  |
| --- | --- |
| **Safety and Security Arrangements** |  |
| Please detail the country/areas information as it appears on the Foreign and Commonwealth Office website [www.fco.gov.uk](http://www.fco.gov.uk)  NOTE: this information **must** be reviewed immediately before travel, and during your stay. | *This information may be printed off and attached.* |
| What will you do to reduce/manage these risks? |  |
| **Are you being hosted by another organisation.**    If yes, Organisation Name  Will you be given a security briefing by them on arrival?  Is there any security training provided by the host organisation?  Does that organisation have a security or emergency system in place which you will use?  (Please provide or attach details) | Yes  No  …………………………………………………………..  Yes\*  No  Yes\*  No  N/A  \*Please submit confirmation of this in writing from the organisation  Yes  No  N/A |
| How will you transfer to and from the location?  What are the security arrangements in place for the transfer? |  |
| **What contingency/communication plans have you put in place?**  Where applicable, do you have a satellite phone?  Do you have a mobile phone and does it work in the area to which you are travelling?  Where applicable, is the host organisation providing a mobile phone/walkie-talkie etc?  If appropriate, have you devised a call-in schedule?  Please provide details  Have you advised your Embassy of your visit?  For UK Nationals this can be done by logging on to the FCO website  [www.fco.gov.uk/en/travel-and-living-abroad/staying-safe/locate](http://www.fco.gov.uk/en/travel-and-living-abroad/staying-safe/locate) | Yes  No  Yes  No  Yes No  Yes No  Yes No |
| **Where applicable, what evacuation arrangements are in place?** |  |
| **What advice have you sought from others on the destination?** |  |
| **Have you attended a training course concerning travelling security?** | Yes  No  N/A |
| **Is there any equipment that you require that will help facilitate your travels?** |  |

**Please note: Individuals have the right to withdraw from an assignment or refuse to travel if they have a reasonable concern for their own safety.**

PART 2 sign-off

The information given on this from is correct to the best of my knowledge and in the event of subsequent alterations I will ensure that it is updated as necessary.

|  |  |
| --- | --- |
| **Name :** |  |
| **Signature** |  |
| **Date** |  |
|  |  |

**STUDENTS: Send the form to your Supervisor for checking and signature**

**STAFF: Send the form to Head of School / Director for checking and signature.**

|  |  |
| --- | --- |
| ***Supervisor Signature (Students only)*** | |
| Assessment & Recommendations: |  |
| Name of Supervisor |  |
| Signature of the Supervisor |  |
| Date |  |

|  |  |
| --- | --- |
| ***Signature of Head of School / Director*** | |
| Assessment & Recommendations: |  |
| Name of Head of School/Director |  |
| Signature of Head of School/Director |  |
| Date |  |