**Appendix 2. Basic Travel Form**

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| **Description of activity** |
| **Location/locations of activity:** *[enter specific details of the location including name of institution, city, country, and any accommodation if applicable]* | **Dates of travel/work away** |
| **Assessment of Risk –** The hazards and consequent risks of this activity are similar to what I encounter doing low risk work at Cambridge (e.g. office work, attending lectures), the duration is under 30 days, there is no specific FCO rating for the location I am visiting and I cannot perceive any individual factors that would put me at high risk. This is therefore a low risk activity. The statements below list the precautions I will take to avoid higher risks.  |

* I will follow the UK Foreign and Commonwealth Office (FCO) Travel Advice. I understand that this risk assessment is suitable only for travel to countries considered safe according to FCO advice.
* I will use a regular mode of travel provided by a reputable company, allowing adequate travel time to avoid unnecessary risks.
* I will not travel if adverse weather, natural disaster, or civil disturbance is indicated.
* **I will obtain Travel Insurance** if appropriate (e.g. overseas) and understand that my work away is not authorised without. I will read my Travel Insurance Policy to ensure I am aware of all exclusions (including higher risk leisure activities).
* I am aware that appropriate accommodation will be sought, and I will follow University and Departmental policy.
* My contact number is up to date in CamSIS.
* I will follow the safety advice and guidance of the host organisation/employer/other authority at site.
* I will report any safety concerns to the host organisation and/or to my Department/Faculty and College.
* I will follow ergonomic guidelines regarding use of laptops and other computers as far as practicable.
* I will avoid lone working and travelling alone as far as possible.
* I understand that further risk assessment is required for higher risk activities e.g. visits to countries with FCO advice, work in communities, laboratory work, work where personal factors may affect risk level and etc. and will complete a more detailed risk assessment if it becomes necessary.

**Person working away: I am signing to indicate that I have read and will abide by the statements above and will carry out additional risk assessment where necessary.**

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| Name: | CRSid: | College: |
| Contact details: | Emergency contact details  | : |
| Signature: | Date: |  |

**Department/Faculty: I am signing to indicate** **that this constitutes a suitable and sufficient assessment of the level of risk identified.**

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| Name:Role: | Signature:Date: |