

# HUMA2001: Global Experiences Proposal and International Travel Self-Assessment



This form is for current University of Newcastle students seeking to undertake an Outbound Global Experience for credit under HUMA2001. To progress your application, the University will require you to undertake a self-assessment of the destination and activity risks of your selected experience as well as your mental, physical and financial capacity to undertake this Outbound Global Experience.

1.0 PERSONAL INFORMATION		
Student Number:		Name:
Email:		Phone:
Degree:		
How many units have you completed in your current degree:		
1.1 EXPERIENCE DETAILS		
Organisation / Provider:		
Country / City of experience:		
Weblink: <i>(to outline details of the program you plan to undertake)</i>		
Is this Provider / Organisation listed on the <a href="#">Global Experience Portal</a> : <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
I confirm I have checked my program plan and have sufficient elective room to enrol in HUMA2001. <i>(Please email <a href="mailto:programadvice@newcastle.edu.au">programadvice@newcastle.edu.au</a> if you are not sure)</i> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
Anticipated Start Date:		Anticipated End Date:
Are you required to complete assessment tasks by the provider / institution as part of your experience? If yes, please list the external assessment tasks here.		
1.2 ACTIVITY RISK		
<i>* If your experience is a group study tour with an academic lead, you do not need to complete this section</i>		
Does your planned experience involve any of the following high-risk activities (please tick from table below):		
If you have ticked any of the following activities, the University will require an activity risk assessment. Please request this directly from the provider using this <a href="#">template email</a> . Once you have the documentation, please send it to <a href="mailto:global-experience@newcastle.edu.au">global-experience@newcastle.edu.au</a> along with this Proposal Form.		
Fieldwork including:	Confined spaces/ hazardous atmospheres	<input type="checkbox"/>
	Engineering or Technological hazard(s) such as a process (welding, mining, manufacturing, construction, structural modification, high voltage electrical work), high risk location (workshop, factory)	<input type="checkbox"/>
	Excavation	<input type="checkbox"/>
	Fixed Plant/Machinery	<input type="checkbox"/>

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	Furnaces or similar equipment (appliance, plant, tool), or which require a Permit to Work to be issued by Infrastructure and Facilities Services or another Agency (such as CASA Approval for commercial use of Drones / UAV's)	<input type="checkbox"/>
	Heavy loads or awkward postures	<input type="checkbox"/>
	Hot/cold work or environments	<input type="checkbox"/>
	Working at heights / falling objects	<input type="checkbox"/>
	Working in/on/around water bodies	<input type="checkbox"/>
	Working alone/remote	<input type="checkbox"/>
	Offsite activity (e.g. Fieldwork, Site Visits, SCUBA Diving, Boating, Home Visits, Interviews)	<input type="checkbox"/>
<b>Psychosocial hazards</b>	Confronting environments or behaviours	<input type="checkbox"/>
	Exposure to violent or aggressive behaviour	<input type="checkbox"/>
	Extended or unusual work hours	<input type="checkbox"/>
<b>Lab based risks including</b>	Genetically modified organism (GMO) or Gene Technology	<input type="checkbox"/>
	Hazardous microorganisms, biological toxins, or non GM peptides/nucleic acids	<input type="checkbox"/>
	Animals or animal body fluids, tissues, or cell lines	<input type="checkbox"/>
	Human body fluids or tissues or cell lines	<input type="checkbox"/>
<b>Hazardous materials including</b>	Airborne contaminants e.g. asbestos, silica	<input type="checkbox"/>
	Security Sensitive Dangerous Goods;	<input type="checkbox"/>
	Materials requiring Health Monitoring (WHS Regulation Schedule 14);	<input type="checkbox"/>
	Prohibited or Restricted Carcinogens and Restricted Hazardous Chemicals (WHS Reg Sch 10);	<input type="checkbox"/>
	Involve work with Class 4.1 (Flammable Solid) or Packing Group 1 (PG 1 - High Danger - refer to transportation section of SDS for PG Classification) eg Ethidium Bromide or Hydrofluoric/ Picric Acid;	<input type="checkbox"/>
	Schedule 4, 7, 8, or 9 substances (includes illicit drugs, chemotherapy agents, anaesthetics);	<input type="checkbox"/>
	Category 1 chemical diversion into illicit drug manufacture.	<input type="checkbox"/>
<b>Radiation or nanomaterials including</b>	Ionising radiation / sealed sources, e.g. X-rays	<input type="checkbox"/>
	Nanoparticles or Nanomaterial	<input type="checkbox"/>
	Non-ionising radiation, e.g. Lasers, RF-heating, microwaves, sonic, MRI	<input type="checkbox"/>
	Offsite radiation work	<input type="checkbox"/>
	Radioisotopes / unsealed sources	<input type="checkbox"/>
<b>Other hazards including</b>	Noise (prolonged exposure to machinery without hearing protection)	<input type="checkbox"/>
	Working in multiple third-party locations	<input type="checkbox"/>
	Cash handling or participant reimbursement	<input type="checkbox"/>
	Physical activity, exercise or event or exercise (performance, filming, public or University event)	<input type="checkbox"/>

I acknowledge that if more information about my planned activity becomes available which includes any of the high-risk activities indicated in the table, I need to contact Global Experience with risk assessment documentation from the provider.

☐ Yes ☐ No

## 2.0 DESTINATION RISK

### 2.1 Destination Risk (Smartraveller)

Record the current travel advisory warning for your intended travel destination/s from the [Smartraveller DFAT Alert Level](#)

(If travelling to more than one destination countries, notify the highest caution level)

- ☐ Exercise normal safety precaution
- ☐ Exercise a high degree of caution
- ☐ Reconsider your need to travel
- ☐ Do not travel

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<b>2.2 Travel Risk (International SOS)</b> Record the current Travel Advisory Warning and Medical Risk Warning for your intended travel destination by downloading the <a href="#">International SOS Assistance app</a> , creating an account and searching for your destination.	<b>2.2.i Travel Risk</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme	<b>2.2.ii Medical Risk</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme
<b>3.0 HISTORY</b>		
<b>3.1 Do you have any pre-existing health or medical conditions<sup>1</sup> that may affect your ability to travel, and/or do you have any pre-existing psychological health conditions that may affect your ability to travel?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please review the definition of a Pre-Existing Condition at the bottom of this form. If yes, please discuss this with your health professional to complete the <a href="#">Fitness for Travel Health Review form</a> . This health review must be submitted with this self-assessment. If uncertain, please consult with a health professional.
<b>3.2 Are you taking medications regularly?</b>  <i>To check whether your prescription medications is allowed, please contact International SOS via email: <a href="mailto:sydney@internationalsos.com">sydney@internationalsos.com</a> or phone the Sydney Assistance Centre on (0)2 9372 2468.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If "Yes":</b>  3.2.i Do you meet the legal requirements to enter your planned destination(s) with your current medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No  3.2.ii Can you obtain the medication(s) whilst in country in instance of lost/theft/depletion? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If No to 3.2.i, please see a health professional to complete a <a href="#">Fitness for Travel Health Review</a> to undertake the global experience without medication(s) for the duration of the trip.</i>
<b>3.3 Have you reviewed the <a href="#">Travel Insurance PDS</a> and do you understand the extent of cover and limitations on pre-existing conditions?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are unsure or concerned about any limitations in this coverage, please contact <a href="mailto:insurance@newcastle.edu.au">insurance@newcastle.edu.au</a> .
<b>4.0 PHYSICAL WELLBEING</b>		
<b>4.1 Do you require any reasonable adjustments or equipment you may require for your global experience?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please detail these? NB. If you are not travelling as a group, please ensure that these adjustments have been discussed and accommodated with your overseas host.
<b>4.2 Do you have any special dietary requirements or allergies (including medications) that may impact your safety while traveling?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please reach out to your University Contact/Host Institution to consider how this may impact your trip

<sup>1</sup> For the purposes of Travel Insurance Pre-Existing Condition means:

a) any physical defect, condition (physical and/or psychological), illness or disease (physical and/or psychological) for which treatment, medication or advice (including advice for treatment) has been received or prescribed by a doctor twelve (12) months immediately prior to the Covered Person's Journey; or

b) the symptoms of any physical defect, condition (physical and/or psychological), illness or disease (physical and/or psychological) which a reasonable person in the circumstances would be expected to be aware were caused by an underlying physical defect, condition, illness or disease at the time of booking their journey.

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<b>4.3 Do you handle physical activities and extended period of walking or standing well?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please detail adjustments that may need to be considered in alignment with planned activities detailed in Section 1.1 of this form.
<b>5.0 FINANCE</b>		
<b>5.1 Are you aware of the approximate overall cost of the global experience and have considered how you will fund the experience?</b>	<input type="checkbox"/> Yes	Please ensure that you will have sufficient funds inclusive of any grants or loans) to cover both your personal and planned activities as well as any unforeseen expenses that may arise.  Please contact global-experience@newcastle.edu.au if unsure of overall cost of experience or funding opportunities available.
<b>6.0 PRECAUTIONS</b>		
<b>6.1 Have you checked the vaccination entry requirements for all destinations you will travel to?</b>	<input type="checkbox"/> Yes	Please download and sign up to the <a href="#">International SOS Assistance</a> app for all relevant details related to your destination(s), including vaccination requirements. <i>NB. It is your responsibility to ensure that your vaccinations for your planned trip are up to date in time for departure.</i>
<b>7.0 TRAVEL EXPERIENCE</b>		
<b>7.1 Have you researched the type of travel you are planning, such as destinations, remote areas, cultural differences, long flights or road trips?</b>	<input type="checkbox"/> Yes	If you have any questions about the planned global experience, please contact your University of Newcastle Contact and/or Host Institution.
<b>8.0 ADDITIONAL INFORMATION</b>		
<b>8.1 Please detail any additional factors that you wish to disclose and discuss with the University regarding this outbound global experience.</b>		

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## DECLARATIONS

- ☐ 1. I understand the risks associated with my travel destination, planned activities and current health situation. To the best of my knowledge, I am confident that I am mentally and physically capable of participating in the experience I have been offered.
- ☐ 2. I understand that I may be withdrawn from a global experience at any time, this includes if I have not agreed to the associated risks, travelling under the University of Newcastle's Code of Conduct, enrolment requirements, and/or health and safety requirements for the trip.
- ☐ 3. I understand that personal information completed in this form may be shared with Project Lead(s), Hosts or Third Parties so that reasonable adjustments may be incorporated, and my needs are catered for.
- ☐ 4. I affirm that all information provided is truthful and accurate to the best of my knowledge at the time of completion of this form. I understand that providing false or misleading information may result in denial of corporate travel insurance coverage for the duration of my travel and/or withdrawal or cancellation of the global experience.
- ☐ 5. I acknowledge that if any circumstances stated in this form change prior to my departure, I will promptly notify the University.

Student Signature:

Date:

## PRIVACY DISCLAIMER

At The University of Newcastle ("we", "us", or "our"), we collect personal and health information directly from you for the purpose of approving global experiences for individual applicants. We will only ever do this lawfully, and when the collection is reasonably necessary for the stated purpose.

Intended recipients of the information are University staff involved in the administration and travel approval of student travel. The collection is required by the University in order to fulfil our duty of care and risk mitigation obligations for student travel. Failure to complete all necessary trip documentation may result in your travel not being approved for student travel. You can ask for access to information we hold about you, or request correction of the information we hold about you, by emailing [privacy@newcastle.edu.au](mailto:privacy@newcastle.edu.au). You can find out more about how we manage personal information in our [Privacy Management Plan](#).

## NEXT STEP

If you indicated NO high-risk activities in **Section 1.2** –

Please email this completed form to the HUMA2001 Course Coordinator: [Jesper.Gulddal@newcastle.edu.au](mailto:Jesper.Gulddal@newcastle.edu.au)

If you selected that your planned experience DOES involve a high-risk activity in **Section 1.2** –

Please obtain the risk assessment documentation directly from the provider using this [template email](#). Once you have the documentation, please send it to [global-experience@newcastle.edu.au](mailto:global-experience@newcastle.edu.au) along with this completed form.