This Plan must be completed by the trip leader for any overseas experience involving a group of University of Newcastle students. **Submit PART A & Part B to** **Local-Safety-Review@newcastle.edu.au** **at least 6 weeks prior to travel.**

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| 1. **TRAVEL PLAN**
 |
| Name of trip leader  | Click here to enter text. | School: | Click here to enter text. |
| HOS / Director: | Click here to enter text. | College: | Click here to enter text. |
| NCP Reference Number(if applicable) | Click here to enter text. |  |  |
| **ACTIVITY DETAILS** |
| Country | City / Location | [DFAT Rating](http://smartraveller.gov.au/Pages/default.aspx) | [International SOS Travel Rating](https://www.internationalsos.com/MasterPortal/default.aspx?membnum=12ACPA000086&AspxAutoDetectCookieSupport=1) | [International SOS Medical Rating](http://www.internationalsos.com/MasterPortal/default.aspx?membnum=12ACPA000086&AspxAutoDetectCookieSupport=1) |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Choose an item. |
| Dates of travel:(attach schedule if multiple dates) | Start date:  |  | End date: |  |
| Purpose of travel: | [ ]  College / School led trip (University of Newcastle staff accompanying students) [ ]  College / School Coordinated Trip (no University staff accompanying students) |
| Course code: |  | Number of students: |  |
| Description: | Brief description of the trip Including the nature of the experience such as internship / placement / study tour  |
| 1. **RISK MANAGEMENT PLAN**
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| **B1. TRAVEL DETAILS**  |
| Details:  | [ ]  Participant list attached or [ ]  Participant list to be provided prior to departure.  | Itinerary is provided in: [ ]  Travel Diary  [ ]  Attached Itinerary |
| **B2. RISK CONTROLS**  |
| *Please tick the risk controls in place for the global experience. If additional risk controls are being implemented, please include these in the area provided below. Note: All risk controls below may not be selected.* |
| **Pre-departure – Information and BriefingsMANDATORY**  | **Medical Hazards Control** |
| [ ]  Travellers register global experience with Smartraveller and ISOS.[ ]  All travellers have completed the Global pre-departure module in [Global Experience Portal](https://careerhub.newcastle.edu.au/s/global-experience).[ ]  School / Group Pre-departure briefing including understanding of policies & how to report incidents.[ ]  The pre-departure risk register and trip checklist for [Global Experience study tours](https://uonstaff.sharepoint.com/sites/GEresources/SitePages/CollabHome.aspx?OR=Teams-HL&CT=1660015025885&clickparams=eyJBcHBOYW1lIjoiVGVhbXMtRGVza3RvcCIsIkFwcFZlcnNpb24iOiIyNy8yMjA3MDMwMDgxNCIsIkhhc0ZlZGVyYXRlZFVzZXIiOmZhbHNlfQ==) (for both NCP or non-NCP funded trips) must be completed prior to departure. | [ ]  Travellers (including students) informed of requirement for a medical review prior to travel and records managed by school / unit. [ ]  No medical review required for planned travel.[ ]  First Aid trained personnel / staff travelling with group.[ ]  [Fieldwork Medical Questionnaire](http://www.newcastle.edu.au/__data/assets/word_doc/0009/310995/KRA-1.3-Medical-Questionnaire.docx) completed or equivalent information collated for travellers. Records maintained in School. |
| **Experience and contacts for travel & activity** | **Communications / Supervision** |
| [ ]  Project leader has travel experience in country.[ ]  Third party provider or local guide / supervision in country. [ ]  Third party provider offering travel and/ or activity has been approved by Global Experience Team. | [ ]  All Students advised to download ISOS app on their phone [ ]  Travel Leader has international roaming enabled on mobile telephone. [ ]  Contact details provided to School for travel period[ ]  School has assessed ratio of staff: students[ ]  Travel leader has established check-in/communication strategy with all travellers for non-group times or travelling without University supervisor.  |
| **Transportation** | **Accommodation** |
| [ ]  Safe Transportation identified in line with ISOS / DFAT travel advice. Additional information: Click here to enter text. | [ ]  Safe Accommodation identified in line with ISOS / DFAT travel advice. Additional information: Click here to enter text.  |
| **Placement activity**[ ]  Memorandum of understanding or formal partnership in place with host placement provider.[ ]  Placement / Work integrated learning Supervisor completed [UON Placement Activity: Work Health and Safety Checklist](http://www.newcastle.edu.au/__data/assets/word_doc/0019/310960/Placement-Form.docx).[ ]  Travellers aware they must notify all incidents to their placement supervisor and UON Supervisor immediately. [ ]  Risk Assessment or Plan provided for activity by Third Party Provider.  | **Clinical Placement - Hazard Control**Supervisor must confirm the following (please tick): [ ]  Student(s) receive appropriate instruction and induction prior to commencing placement.[ ]  Necessary infection controls (PPE, hand wash, alcohol hand gel etc.) are supplied or arrange for students to have supplies to take with them should this not be the case.[ ]  Staff health arrangements at the placement facility e.g. services offered to students post exposure should an incident occur.[ ]  Student has appropriate immunisations |
| **Additional Risk Controls or details** |
| Click here to enter text.  |
| **High Risk Activities:** |
| Are any of the following activities to be undertaken are part of the UON organised travel event: |
| [ ]  Water based activities (e.g., swimming, snorkelling, diving, boating, kayak/canoe etc)[ ]  Fieldwork (e.g., abseiling, trekking etc)[ ]  Travel or access to remote, minor cities or non-city locations, homestays, villages etc.[ ]  Engineering, industrial or mining site visits or related work [ ]  Laboratory activity, including exposure to radiation, chemicals, animals, GMO’s etc[ ]  Other (please specify): Click here to enter text.[ ]  No high risk activities being undertaken.  | *If any of the activities listed have been selected, please complete* [*a risk assessment*](https://www.newcastle.edu.au/current-staff/working-here/work-health-and-safety/managing-health-and-safety-risks) *or attach the Risk Assessment from the third party provider of the activity and submit with this form.If the activity has previously been reviewed by Health & Safety, please include reference number here:* Click here to enter text. |
| **B3. COMMUNICATION PLAN** – with University of Newcastle Australian based contact:While overseas, it is important to check in with someone in Australia to let them know you / the group are doing fine. List who you plan to contact, the communication method and the frequency. |
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| **B4. INITIAL RESPONSE PLAN** |
| In the event of a medical or security/safety emergency, missed check-in, unable to make contact or an adverse event (e.g., weather, protest, arrest, assault) | * Contact in country Emergency Services if there is an immediate threat to life or wellbeing
* Contact ISOS and notify of all travel queries, incidents & emergencies. Note - ISOS will also notify the University of Newcastle on call 24/7 Contact number as required and with consent of the caller.
* In case of sexual exploitation, abuse and harassment or mental health emergencies, please contact in country emergency services and International SOS for support. If the victim consents to report, please report these incidents through the [University of Newcastle Campus Care form](https://www.newcastle.edu.au/current-students/support/personal/campus-care). For students or AIMS for a staff organised trip.
 |
| [ ]  **I have read and understood the Initial Response Plan**  |

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| **B5. APPROVALS** |
| **Trip Leader /** **Placement Supervisor** | **Name:** | Click here to enter text. | **Signature or other** | Click here to enter text. |
| **Date:** | Click here to enter a date. |
| **PVC / DVC** | **Name:** | Click here to enter text. | **Signature or other** | Click here to enter text. |
| **Date:** | Click here to enter a date. |
| * Please have both trip leader and PVC/DVC sign off prior to sending to Local-Safety-Review@newcastle.edu.au
 |
| **Health, Safety & Wellbeing Team Review**  | **Review #:** | Click here to enter text. | **Date** |  |
| **Name:** | Click here to enter text. | **Signature or other** | Click here to enter text. |
| **Health, Safety & Wellbeing Team Review Comments:** |

\* The approved plan will be sent to the Trip Leader, Head of School and Global Experience Team.

**Change history:**

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| **ISSUE** | **WRITTEN BY** | **CHECKED BY** | **REASON FOR CHANGE** |
| **1** | Amy StoweAugust 2018 | Jodie Higginson29/10/2019 | First Issue |
| **2** | Jodie Higginson | 09/08/2022 | Inclusion of reporting requirements sexual exploitation, abuse and harassment or mental health emergencies. And the Global Experience risk register and checklist details. |