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| **INSTRUCTIONS** | |
| Traveller | This form is to be completed by the traveller and provided to your Supervisor / Manager for review and approval.  Once approved by the Supervisor / Manager the form, applications for ‘High Risk’ travel (as outlined by the [UON KRA 2.5 Travelling on University Business](https://www.newcastle.edu.au/__data/assets/pdf_file/0009/205020/KRA-2.5-Travelling-on-University-business.pdf)) should be emailed to Health, Safety & Wellbeing Team [Local-Safety-Review@newcastle.edu.au](mailto:Local-Safety-Review@newcastle.edu.au) with all attachments relevant to the application. |
| Supervisor / Manager | The supervisor of the traveller must review, provide comments and if agreed, approve the international travel and activity. Where improvements are required in the information or risk management strategies, this information should be provided to the traveller. |
| [FAQ](http://www.newcastle.edu.au/__data/assets/pdf_file/0003/342750/International-Travel-and-Activity-FAQs.pdf) | To assist you to complete this form, we have developed a set of [Frequently Asked Questions](https://www.newcastle.edu.au/__data/assets/pdf_file/0003/342750/International-Travel-and-Activity-FAQs.pdf). |

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| 1. **TRAVELLER DETAILS (indicate Lead where multiple travellers are listed)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of traveller(s): | | | | | | | | Click here to enter text. | | | | | | | | Status: | | | | Staff  Student  Volunteer   Conjoint | | | | | | |
| Supervisor: | | | | | | | | Click here to enter text. | | | | | | | | School/ BU: | | | | Click here to enter text. | | | | | | |
| HOS, Director: | | | | | | | | Click here to enter text. | | | | | | | | College/Division: | | | | INSERT COLL/DIV | | | | | | |
| 1. **TRAVEL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates of travel: | | | | | | | | Start date: | | | Click here to enter a date. | | | | | | | | | End date: | | | | | Click here to enter a date. | |
| Country & Locations: | | | | | | | | Provided with this form is the:  Travel Diary  Schedule of locations | | | | | | | | | | | | | | | | | | |
| **2a.TRAVEL ADVISORY – RISK RATINGS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | City / Location | | | | | | | | | [DFAT Rating](http://smartraveller.gov.au/Pages/default.aspx) | | | | | | | [ISOS Travel Rating](https://www.internationalsos.com/MasterPortal/default.aspx?membnum=12ACPA000086)  (Subscriber ref. no. 12ACPA000086) | | | | | | | [ISOS Medical Rating](https://www.internationalsos.com/MasterPortal/default.aspx?membnum=12ACPA000086) |
| 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. |
| 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. |
| UON Travel Compliance | All Staff Travel and University funded student travel should be entered in to the [Travel Hub](https://travelhub.campustravel.com.au/Home/Dashboard) (School, College, or Research Centre or Institute Professional staff can assist with this). Privately or externally funded travel for approved research projects should be registered with International SOS via [MyTrips](https://www.newcastle.edu.au/current-staff/our-organisation/governance/assurance-services/insurance/student-insurance/travel). You should:   * Review the [University Travel Procedure](https://policies.newcastle.edu.au/document/view-current.php?id=18), [University Travel Policy](https://policies.newcastle.edu.au/document/view-current.php?id=17), and read the [Governance and Assurance Services Travel Insurance](https://www.newcastle.edu.au/current-staff/our-organisation/governance/assurance-services/insurance/staff-insurance/travel) page, particularly information regarding private travel and country limitations. * Download the [International SOS (ISOS) App](https://www.internationalsos.com/subscriber/assistance-app) to receive real time alerts, incident notifications, and access health and security assistance. * Please check the box on the left to indicate that you have taken these actions. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MANDATORY** | In cases of sexual exploitation, abuse and harassment or mental health emergencies, ISOS will be contacted for in-country support. And, with victim consent, incidents will be reported confidentially in [AIMS](https://prod.riskcloud.net/default.aspx). | | | | | | | | | | | | | | | | | | | | | | | | | |
| Traveller Status: | Citizen of country travelling to  Resident of country travelling to  Australian Citizen  Other – Details: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: Contact Governance and Assurance via email: [insurance@newcastle.edu.au](mailto:insurance@newcastle.edu.au) for advice regarding University Insurance and additional International SOS travel information. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.TRAVEL RISK MANAGEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select the risk controls in place for travel:  *Note: If travelling to country rated High or Extreme risk by ISOS or DFAT 3 or 4, in addition to selecting the risk management strategies please include details of the strategies ‘Additional risk controls and information’.* | | | | | | | | | Medical Review attended prior to travel. This has been:  Attended - Record of review attached.  Scheduled for: Click here to enter a date.  Attended for location in last 12 months: Click here to enter a date. | | | | | | | | | | | | | | | | Traveller has experience  country knowledge and  experience | |
| Registered travel plans  with ISOS | | | | | | | Have emailed proof of COVID-19 vaccination to [usafe@newcastle.edu.au](mailto:usafe@newcastle.edu.au) | | | | | | | | | Traveller is citizen of country travelling to | |
| Traveller can speak the  language | | | | | | | Travel with another  UON staff member | | | | | | | | | Local Guide or supervision | |
| Safe transport options  identified | | | | | | | Contact details provided to School for travel period | | | | | | | | | Security arrangements in place | |
| Safe accommodation  arranged | | | | | | | Induction / briefing  prior to travel | | | | | | | | | ‘Check-in’ / monitoring plans in place and communicated to relevant persons (e.g. students) | |
| Risk assessment  attached | | | | | | | Mobile phone for travel (including international roaming on phone and coverage available in country) | | | | | | | | | Any incidents and events will be reported to ISOS and AIMS. | |
| Additional risk controls or information: Click here to enter text. | | | | | | | | | | | | | | | | | |
| 1. **ACTIVITY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Travel Activity: | | | | | Research | | | | | | | | | Teaching | | | | | | | | | | | Event/Conference | |
| Start date: | | | | | Click here to enter a date. | | | | | | | | | | End date: | | | | | | | | | | Click here to enter a date. | |
| Activity/Project Summary: | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of travel: | | Activity type | | | | | | | | | | | Location / Institution | | | | | | | | | | Risk Management Documentation  (to be attached with this form) | | | |
| Conference | | | | | | | | | | | Click here to enter text. | | | | | | | | | | N/A | | | |
| Visit to University | | | | | | | | | | | Click here to enter text. | | | | | | | | | | N/A | | | |
| Meetings / collaboration | | | | | | | | | | | Click here to enter text. | | | | | | | | | | N/A | | | |
| Research projects including laboratory work, biohazards, fieldwork, sample collection, engineering projects,animal, plant or human body fluids, tissues or cell lines, radiation, chemically hazardous materials, GMOs, nanoparticles, lasers. | | | | | | | | | | | | | | | | | | | | | [Complete a Safety Review Form](https://www.newcastle.edu.au/__data/assets/pdf_file/0007/87703/Safety-Review-Form.pdf) and submit with this form | | | |
| Interviews / Offsite Visit / Focus Group | | | | | | | | | | | Click here to enter text. | | | | | | | | | | [Offsite Visit / Interview Guidelines](https://www.newcastle.edu.au/__data/assets/word_doc/0006/827988/offsite-visit-interview-safety-guidelines.docx)  [Risk Assessment](http://www.newcastle.edu.au/__data/assets/word_doc/0018/82035/risk-assessment-template-17-Aug-2015_Final-V7.doc) | | | |
| [UON KRA 1.3 Fieldwork](http://www.newcastle.edu.au/__data/assets/pdf_file/0008/205010/KRA-1.3-Fieldwork.pdf) | | | | | | | | | | | Click here to enter text. | | | | | | | | | | [Risk Assessment](http://www.newcastle.edu.au/__data/assets/word_doc/0018/82035/risk-assessment-template-17-Aug-2015_Final-V7.doc)  [Attachment 1: Fieldwork Medical Questionnaire](http://www.newcastle.edu.au/__data/assets/word_doc/0009/310995/KRA-1.3-Medical-Questionnaire.docx)  [Attachment 2: Fieldwork Health and Safety Checklist](http://www.newcastle.edu.au/__data/assets/word_doc/0005/310982/KRA-1.3-Fieldwork-Checklist.docx)  [Attachment 3: Induction Briefing](http://www.newcastle.edu.au/__data/assets/word_doc/0011/311051/KRA-1.3-Fieldwork-Guidelines.docx) | | | |
| UON KRA 2.4 [Working alone or isolated situation](http://www.newcastle.edu.au/__data/assets/pdf_file/0017/205019/KRA-2.4-Working-Alone-or-in-Isolated-Situations.pdf) | | | | | | | | | | | Click here to enter text. | | | | | | | | | | [Attachment 1: Working Alone / Isolated Situations Checklist](http://www.newcastle.edu.au/__data/assets/pdf_file/0017/205019/KRA-2.4-Working-Alone-or-in-Isolated-Situations.pdf)  [Attachment 2: Assessment of Competency to work alone out of hours – Office and General Workspace](http://www.newcastle.edu.au/__data/assets/word_doc/0018/311049/KRA-2.4-Isolated-Situations-Assessment.docx)  [Risk Assessment](http://www.newcastle.edu.au/__data/assets/word_doc/0018/82035/risk-assessment-template-17-Aug-2015_Final-V7.doc)  Standard Operating Procedure | | | |
| Placement Activity / work integrated learning | | | | | | | | | | | Click here to enter text. | | | | | | | | | | [UON Placement Activity: Work Health and Safety Checklist](http://www.newcastle.edu.au/__data/assets/word_doc/0019/310960/Placement-Form.docx)  [Risk Assessment](http://www.newcastle.edu.au/__data/assets/word_doc/0018/82035/risk-assessment-template-17-Aug-2015_Final-V7.doc) | | | |
| Boating, Canoeing/ Kayaking, Rafting | | | | | | | | | | | Click here to enter text. | | | | | | | | | | [Risk Assessment](http://www.newcastle.edu.au/__data/assets/word_doc/0018/82035/risk-assessment-template-17-Aug-2015_Final-V7.doc)  Standard Operating Procedures  Licences / Qualifications / Certificates of competency  Records of registration and maintenance of vehicle | | | |
| Water Activities such as SCUBA Diving & snorkelling | | | | | | | | | | | Click here to enter text. | | | | | | | | | | [Risk Assessment](http://www.newcastle.edu.au/__data/assets/word_doc/0018/82035/risk-assessment-template-17-Aug-2015_Final-V7.doc)  Standard Operating Procedures  Licences / Qualifications / Certificates of competency  Water based Activities checklist | | | |
| Abseiling, Caving, Canyoning | | | | | | | | | | | Click here to enter text. | | | | | | | | | | [Risk Assessment](http://www.newcastle.edu.au/__data/assets/word_doc/0018/82035/risk-assessment-template-17-Aug-2015_Final-V7.doc)  Water Based Activities checklist | | | |
| University of Newcastle Student Coursework | | | | | | | | | | | Click here to enter text. | | | | | | | | | | [Risk Assessment](http://www.newcastle.edu.au/__data/assets/word_doc/0018/82035/risk-assessment-template-17-Aug-2015_Final-V7.doc)  [Fieldwork Medical Questionnaire](http://www.newcastle.edu.au/__data/assets/word_doc/0011/86069/fieldwork-medical-questionnaire-9615.doc) | | | |
| Other (please specify): | | | | | | | | | | | Click here to enter text. | | | | | | | | | |  | | | |
| **5a. TRAVELLER DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * I have read the DFAT and ISOS advisory information and fully understand the risks involved with travel to this area. * If applicable, I have completed a Safety Review Form and risk assessment (as part of my application for safety clearance) for my project or activity where all foreseeable hazards have been identified and appropriate controls introduced to eliminate or reduce the risk to an acceptable level. * I am familiar with the area in question or have taken steps to ensure I will be familiar with the location prior to commencing the activity, and have reviewed ISOS and DFAT medical advice including vaccination requirements for the countries I intend to travel to, and consulted the University Health Service or my own GP, where applicable, regarding my vaccination and other medical requirements. * I have attached documentation regarding the agreement in place with the overseas institution/organisation (if applicable). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | Click here to enter text. | | | | | | | | | | | | **Staff/Student Number:** | | | | | Click here to enter text. | | | |
| **Date:** | | | | | | Click here to enter a date. | | | | | | | | | | | |
| **5b. SUPERVISOR/MANAGER &/or HEAD OF SCHOOL APPROVAL** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I approve the activity, travel proposed, and risk management strategies outlined in this form | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I approve the activity, travel, and risk management strategies with the following comments: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Comments:** | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | Click here to enter text. | | | | | | | | | | | | **Staff Number:** | | | | Click here to enter text. | | | | |
| **Date:** | | | | | | Click here to enter a date. | | | | | | | | | | | |
| **5c. HEALTH, SAFETY & WELLBEING REVIEW (where applicable for HIGH & EXTREME risks as identified by International SOS and DFAT only).** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | Click here to enter text. | | | | | | | | | | | **Date:** | | | | | Click here to enter a date. | | | | |
| **Staff Number** | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| 1. **APPROVER** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Comments:** | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Signature** | | | | | | |  | | | | | | | | | | | | | | **Date:** | | | Click here to enter a date. | | |
| **For Administrative use only** | | | | | | | | | | **Review Reference Number:** | | | | | | **Click here to enter text.** | | | | | | | | | | |