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| **INSTRUCTIONS** |
| * For **COMPLEX** travel, travellers or travel arrangers should complete this risk assessment form, include all relevant attachments, and Supervisor/Manager approval and attach the completed Travel Risk Assessment in the Travel Hub, to the travel request. * If travel is to a **HIGH** **risk destination** (as per [Travel Procedure](https://policies.newcastle.edu.au/document/view-current.php?id=18) and Section 3a below) and/or involves a **HIGH** **risk activity** (as per [Travel Procedure](https://policies.newcastle.edu.au/document/view-current.php?id=18) and Section 5 below) submit the Travel Risk Assessment to Health, Safety and Wellbeing via[**Local-Safety-Review@newcastle.edu.au**](mailto:Local-Safety-Review@newcastle.edu.au)**.** * Travellers or travel arrangers may utilise this risk assessment form to assess the activity risk rating (see Section 5 below) for **LOCAL** or **SIMPLE** travel (as per the [Travel Procedure](https://policies.newcastle.edu.au/document/view-current.php?id=18)), to utilise in their pre-trip request and may then choose to document the risk controls for approval by the Supervisor/Manager. |

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| 1. **CLASSIFICATION OF TRAVEL – Only travel to HIGH RISK DESTINATIONS and/or involving HIGH RISK ACTIVITIES needs to be submitted to Health, Safety Wellbeing Team** via [**Local-Safety-Review@newcastle.edu.au**](mailto:Local-Safety-Review@newcastle.edu.au) **for review.** | | | | | | | | | | | |
| If your travel meets any one of the below criteria, it is classified as **COMPLEX** travel but may not require Health, Safety and Wellbeing Review : (please tick) | | | | | | | | | | | |
| Multisector international travel  Rural or remote environment/destination  High risk destination (see 3a below)  High risk activity (see 5 below)  Any traveller aged 80 years or over  10 or more travellers in the group  International travel for 6 or more consecutive nights  Includes private travel component | | | | | | | | | | | |
| Alternatively, indicate if this risk assessment is being used to assess and record **LOCAL** or **SIMPLE** travel only. It does **NOT** need to be submitted to Health, Safety and Wellbeing for review. It should be submitted to the approving supervisor &/or delegated authority. | | | | | | | | | | | |
| This risk assessment is being completed for  **LOCAL** or  **SIMPLE travel only.** | | | | | | | | | | | |
| 1. **TRAVELLER DETAILS** - indicate Lead where multiple travellers are listed and attach a traveller / student listing. | | | | | | | | | | | |
| Name of traveller(s): | | Click here to enter text. | | | | Status: | | Staff  Student  Volunteer   Conjoint | | | |
| Approver: | | Click here to enter text. | | | | College / Division: | | Click here to enter text. | | | |
| HOS, Director: | | Click here to enter text. | | | | Business Area: | | Click here to enter text. | | | |
| 1. **TRAVEL DETAILS** | | | | | | | | | | | |
| Dates of travel: | | Start date: | Click here to enter a date. | | | | | End date: | | Click here to enter a date. | |
| New Colombo Plan or Grant Reference (if applicable) | | | | | | | | Click here to enter text. | | | |
| **3a.TRAVEL RISK RATINGS FOR COUNTRY AND CITY LOCATION** – Destination is considered **HIGH RISK** if the DFAT rating is “DFAT3: Reconsider your need to travel” or “DFAT 4: Do not travel”; or the ISOS travel or medical rating is “Extreme” or “High”. | | | | | | | | | | | |
| Country | City / Location | | | [DFAT Rating](http://smartraveller.gov.au/Pages/default.aspx) | | | [ISOS Travel Rating](https://www.internationalsos.com/MasterPortal/default.aspx?membnum=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. |
| 1. **TRAVEL RISK MANAGEMENT -** Select the risk controls in place for the travel: | | | | | | | | | | | |
| Travellers (including students) are aware that they are responsible for contacting a health professional to discuss pre-travel health checks and vaccinations. | | | | | | | | | | | |
| Will register travel plans with ISOS | | | | | Travellers will be made aware to notify all incidents to supervisor or contacts immediately | | | | Traveller has extensive experience or is a citizen of country of destination | | |
| Traveller can speak the language | | | | | Adequate supervision of students | | | | Third party provider or local guide/supervision in country | | |
| Safe transport options identified in line with DFAT/ISOS advice | | | | | Contact details provided to School for travel period | | | | Security arrangements in place | | |
| Safe accommodation arranged in line with DFAT/ISOS advice | | | | | Induction / briefing prior to travel | | | | ‘Check-in’ / monitoring plans in place and communicated to relevant persons (e.g., students) | | |
| Have contacted [insurance@newcastle.edu.au](mailto:insurance@newcastle.edu.au) for advice regarding University Travel Insurance requirements | | | | | Mobile phone for travel roaming on phone and coverage available in country) | | | | MANDATORY FOR HIGH-RISK destinations - Emergency response scenarios and critical incident response agreed | | |
| Any additional risk controls or information: Click here to enter text. | | | | | | | | | | | |
| In addition, **for** **Global Experience travel only**, please select additional risk controls: | | | | | | | | | | | |
| MANDATORY: All travellers must complete the Global pre-departure module in [Global Experience Portal](https://careerhub.newcastle.edu.au/students/login?ReturnUrl=%2fs%2fglobal-experience)  MANDATORY: School / Group Pre-departure briefing must occur prior to departure and include an understanding of policies and how to report incidents.  MANDATORY: 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 NCP funded trips) ) must be completed prior to departure  Travellers (including students) informed of the responsibility for contacting a health professional to discuss pre-travel health checks and vaccinations  Adequate number of first Aid trained personnel / staff travelling with group  [Fieldwork Medical Questionnaire](https://www.newcastle.edu.au/__data/assets/word_doc/0011/86069/fieldwork-medical-questionnaire-9615.doc) completed or equivalent information collated for travellers  Third party provider offering travel and/ or activity has been approved by Global Experience Team  Risk Assessment or plan provided for activity by Third Party Provider  All Students must be advised to download ISOS app on their phone | | | | | | Travel Leader has international roaming enabled on mobile telephone.  Contact details must be provided to School for travel period  School has assessed ratio of staff: students  Travel leader must establish check-in/communication strategy with all travellers for non-group times or travelling without a University supervisor  Memorandum of understanding or formal partnership in place with host placement provider  Necessary infection controls (PPE, hand wash, alcohol hand gel etc.) are supplied or arrange for students for clinical placements  Staff health arrangements at the placement facility e.g. services offered to students post exposure should an incident occur.  Student(s) has appropriate immunisations | | | | | |

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| 1. **ACTIVITY RISK RATING AND MANAGEMENT** | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| Activity type | | | | Location / Institution | | | | | | Risk Management Documentation  (to be attached with this form) | | | | |
| The below activities are classified as **low-risk** activities: | | | | | | | | | | | | | | |
| Conference | | | | Click here to enter text. | | | | | | N/A | | | | |
| Visit to University | | | | Click here to enter text. | | | | | | N/A | | | | |
| Meetings or collaborations | | | | Click here to enter text. | | | | | | N/A | | | | |
| The below activities are classified as **high-risk** activities and require supporting documentation: | | | | | | | | | | | | | | |
| Interviews / Offsite Visit / Focus Group | | | | Click here to enter text. | | | | | | [Offsite Visit / Interview Guidelines](http://www.newcastle.edu.au/__data/assets/file/0003/86070/offsite-visit-interview-safety-guidelines.rtf)  [Risk Assessment](http://www.newcastle.edu.au/__data/assets/word_doc/0018/82035/risk-assessment-template-17-Aug-2015_Final-V7.doc) | | | | |
| [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)  [Fieldwork Medical Questionnaire](http://www.newcastle.edu.au/__data/assets/word_doc/0009/310995/KRA-1.3-Medical-Questionnaire.docx)  [Fieldwork Health and Safety Checklist](http://www.newcastle.edu.au/__data/assets/word_doc/0005/310982/KRA-1.3-Fieldwork-Checklist.docx)  [Induction Briefing](http://www.newcastle.edu.au/__data/assets/word_doc/0011/311051/KRA-1.3-Fieldwork-Guidelines.docx) | | | | |
| [Work 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. | | | | | | [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)  [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 | | | | |
| Any other student coursework or activity | | | | 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) | | | | |
| 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; GMO’s; nanoparticles; lasers. | | | | | | | | | | [Complete a Safety Review Form (Link)](http://www.newcastle.edu.au/__data/assets/pdf_file/0007/87703/Safety-Review-Form_V2_1Aug_-2016.pdf) | | | | |
| 1. **DECLARATION, APPROVAL AND REVIEW** | | | | | | | | | | | | | | |
| **6a. TRAVELLER DECLARATION** | | | | | | | | | | | | | | |
| * I have read the DFAT and ISOS advisory information including vaccination and other medical requirements for the countries/areas I intend to travel to, and fully understand the risks involved with this travel and activities. * I understand that in the event of a medical or safety emergency, adverse event or missed contact check-in, I will contact in country emergency services for immediate threat to life and then contact ISOS. In the case 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). * 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. | | | | |
| **6b. SUPERVISOR/MANAGER APPROVAL** | | | | | | | | | | | | | | |
| I approve the activity, travel and activity proposed and risk management strategies outlined in this form | | | | | | | | | | | | | | |
| I approve the activity, travel and risk management strategies with the following comments: | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| **Name:** | | | Click here to enter text. | | | | | **Date**: | | | | Click here to enter a date. | | |
| **6c. HEALTH, SAFETY AND WELLBEING REVIEW (by Health, Safety and Wellbeing Team for HIGH RISK DESTINATIONS AND ACTIVITIES only).** | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| **Name:** | | | Click here to enter text. | | | | | | **Date:** | | Click here to enter a date. | | | |
| **For administrative use only** | | | | | **Review Reference Number:** | | **Click here to enter text.** | | | | | | | |