

**Please complete ALL sections of the form and email to: - insurance@keele.ac.uk**

**\*\*FAILURE TO SUBMIT A RISK ASSESSMENT FORM MAY INVALIDATE YOUR INSURANCE\*\***

**Staff Risk Assessment - Overseas Travel**

**Keele Tel. No:**

**Name of Traveller**

**Email Address**

**Faculty/Directorate**

**Travel Destination – City & Country (Please list if multiple destinations)**

[ ] **Confirm Foreign, Commonwealth & Development Office allow travel to destination and all necessary COVID 19 rules and restrictions, vaccinations, visa and other essential travel requirements have been met. (Tick Box) -** [**https://www.gov.uk/foreign-travel-advice**](https://www.gov.uk/foreign-travel-advice)

**\*\*The FCDO travel advice website must checked up to the day of travel\*\***

**\*\*COMPLETED FORM MUST BE RECEIVED BY FINANCE SEVEN DAYS IN ADVANCE OF TRAVEL WHERE POSSIBLE\*\***

**Purpose of Trip (e.g. Research/**

**Conference/Other Please State)**

**To**

**Dates of Travel - From**

**If mobile will not work, how can we contact you in an emergency?**

**Your Contact Information whilst abroad**

**Mobile Phone Number**

**Emergency Contact Details – Home, Family, Next of Kin etc.**

**Name of Contact**

**Telephone Number**

**Relationship (next of kin/friend/ colleague etc.)**

**PLEASE COMPLETE THE TABLE OVERLEAF/PAGE GIVING DETAILS OF LOCATION, HOTEL/ACCOMMODATION NAME AND TELEPHONE NUMBER**

**Declaration by Traveller**

**I confirm full approval has been received by the Head of School/Budget Holder etc. in advance of undertaking arrangements for this trip. To the best of my knowledge I am physically and mentally fit to travel and am not travelling against medical advice. I have considered the risks associated with my proposed travel arrangements and an informed judgement has been made.**

**\*Signature of Traveller**

**Date**

**Form can be signed by hand or electronically and also printed and posted or emailed to insurance@keele.ac.uk**

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| **Dates**  | **Hotel/Accommodation name and location**  | **Hotel/Accomm Telephone No**  |
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**NOTES**

* **All sections of the form MUST be completed**
* **Form must be completed and emailed to** **insurance@keele.ac.uk** **- well in advance of travel.**
* **Hotel/Accommodation/location names and a contact telephone number of the accommodation must be completed.**
* **Forms will be returned if all fields are not completed correctly.**

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