

Staff Risk Assessment - Overseas Travel

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****

Name Of Traveller Keele Tel. No:

Faculty/Directorate Email Address

Destination - City & Country
(Please list if multiple destinations)

Purpose of Trip (e.g. Research/
Conference/Other Please State)

Dates of travel - From To: ****COMPLETED FORM MUST BE RECEIVED BY FINANCE
SEVEN DAYS IN ADVANCE OF TRAVEL WHERE POSSIBLE****

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>

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

Your Contact Information whilst abroad

Mobile Phone Number for
contact whilst abroad

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

Emergency Contact Details - Family, Next Of Kin etc

Name of Contact

Telephone Number

Relationship (next of kin/friend/
colleague)

**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

