



THE UNIVERSITY OF
MELBOURNE

GUIDELINE FORM FOR OFF CAMPUS TRAVEL AND WORK POLICY

This guideline form is to be used in conjunction with Environment Health and Safety procedures.

The University is committed to ensuring the safe travel of staff and students. The person traveling shall complete this form. The form shall be submitted and signed to the Supervisor or Head of Department. Information collected on this form will be stored securely and only used or released in accordance with the University's privacy policy (refer to www.unimelb.edu.au/unisec/privacypolicy.htm)

Personal Details

Name: _____ Employee / Student Number: _____

Course & Department: _____

Phone: _____ Mobile: _____

Travel Dates: Departure: _____ Return: _____

Review

All Staff and Students undertaking Off Campus Travel and Work (including overseas travel) are required to read Travel and Off-campus Risk Management (UOM 330) at <http://policy.unimelb.edu.au/UOM0330>. Risks should be reviewed in the four key areas outlined below.

1. Assess your fitness for Travel and Participation - Consider your fitness for travel and participation in the activity including vaccinations

Complete the Medical Questionnaire for Off Campus Activities

http://safety.unimelb.edu.au/docs/Medical_OffCampus.pdf

Consult Occupational Health concerning any vaccinations

***2. Mode of Transport** – Assess the risks associated with all travel

Risk Assessment attached (if required) Yes N/A

***3. Assess the Location** - Assess the risks of the location that you are traveling to

Department of Foreign Affairs travel advice:

<http://www.smarttraveller.gov.au/>

Risk Assessment attached (if required) Yes N/A

***4. Assess and Control Risks of the Activity** - Assess the risks of the activity

Risk Assessment attached (if required) Yes N/A

*A formal risk assessment is only required if risks arising from 2, 3 and 4 are hazardous or unique. If so, you are required to complete a Risk Assessment Form –

<http://safety.unimelb.edu.au/tools/risk/assessment/> (use a General Risk Assessment Form)

Consent

I have read Travel and Off-campus Risk Management (UOM 330) and attached a completed risk assessment if required.

Signature of person traveling: _____ Date: _____

Signature of Supervisor/Head of Department: _____ Date: _____