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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | Health & Safety  Travel risk assessment Form |

| Use this form – in conjunction with the UniTravel for employee or student travel process – when seeking approval to travel on University business to destinations that are not deemed to be high risk, DFAT level 3 or 4. Forward the form (and associated documents where required) to the travel approver and/or supervisor.  For more information refer to <https://safety.unimelb.edu.au/safety-topics/other-safety-topics/events-and-fieldwork> or contact [Health and Safety Assist](mailto:ohs-enquiries@unimelb.edu.au). |
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| STEP 1 – ENTER INFORMATION ABOUT THE TRAVEL REQUISITION | | | |
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| Traveller’s name | Dates | Destination | Reason for travel |
| Domestic Travel  Yes  No Indicate Department of Foreign Affairs and Trade [(DFAT)](http://smartraveller.gov.au/Pages/default.aspx?gclid=CjwKEAjw5_vHBRCBtt2NqqCDjiESJABD5rCJ2nygicyvhdEieA9Qt9vZXnbFSW43GsJUZJ8Tfe3tQRoCvwrw_wcB) travel advisory level (below)  Department of Foreign Affairs and Trade [(DFAT)](http://www.smartraveller.gov.au/zw-cgi/view/Advice/) travel advisory level  Level 1: Exercise normal safety preacuations  Level 2: Exercise a high degree of caution  Note: Complete the [**Travel to high risk destinations risk assessment form**](https://safety.unimelb.edu.au/__data/assets/word_doc/0011/4591397/travel-to-high-risk-destinations-risk-assessment.docx) for Level 3 and Level 4 destinations | | | |

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| STEP 2 – Identify hazards AND CONTROL RISKs ASSOCIATED WITH travel | |
| 1. **Identify hazards and control risks associated with the activity, including mode of transport required to undertake the activity.** | |
| Please indicate the level of risk associated with the activity.  Low (includes Academic Collaboration, University Adminstration, Meetings and Conferences only)  Medium  High  Exreme  For activities assessed as medium to extreme risk attach the Field Work Risk Assessment.  Where apllicable attach the [**Field work risk assessment**](https://safety.unimelb.edu.au/__data/assets/word_doc/0004/4591381/Field-work-risk-assessment-form.docx) to this form. | |
| 1. **Assess your fitness for travel and participation.** | |
| Do you have any medical or other conditions which could affect your safe participation in the activity you are planning to undertake?  No  Yes, if yes provide a medical report confirming capacity and any physical or other restrictions that are relevant to your your safe participation. | |
| Please provide any relevant details, which would be required in the event of an accident or emergency. | |
| 2.3 Are there local COVID-19 requirements at any:   * transit or destination country * accommodation * host organisation or conference facility; or * other places the traveller will be attending   Yes  No  If yes, summarise how the requirements have been identified and how they will be met by the traveller. | COVIDSafe travel plan |
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| 2.4 Are there current or potential border restrictions that may impact travel plans, including:   * restrictions on re-entry to Australia/State or Teritory. * potential for compulsory quarantine. * impacts on work or personal commitments * impact or traveller health   Yes  No  If yes, summarise how the requirements have been identified and how they will be met by the traveller. | **Contingency and emergency plan** |
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| I consent to the information being passed to the coordinator of the activity for the purposes of assessing the safety of my participation in this event. | | | |
| Name of traveller |  | Date |  |
| Signature of traveller |  | | |

For use in conjunction with the [*Health & Safety: Risk management requirements*](https://safety.unimelb.edu.au/__data/assets/pdf_file/0009/4708161/health-and-safety-risk-management-requirements.pdf) and the [*Health & Safety: Off campus requirements*](https://safety.unimelb.edu.au/__data/assets/word_doc/0006/4591383/Health-and-Safety-Travel-and-off-campus-requirements.docx).

For further information contact Health and Safety.