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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. |
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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 cautionNote: 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.**
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| Please indicate the level of risk associated with the activity.[ ]  Low (includes Academic Collaboration, University Adminstration, Meetings and Conferences only)[ ]  Medium [ ]  High [ ]  ExremeFor 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.**
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| 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 [ ]  NoIf yes, summarise how the requirements have been identified and how they will be met by the traveller. | COVIDSafe travel plan  |
|       |
| 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 [ ]  NoIf 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.