

INTERNATIONAL TRAVEL RISK ASSESSMENT FORM

Part 1 - Traveller to complete

am a: Staff N	Member Student	Other		
Work Unit:		Contact Phone:		
Proposed Itinerary –	if more space is require	d please provide as a sepa	rate attachment	t
Days in Country	Country of Travel	DFAT Risk rating(s) *	ISOS Risk Rating **	
	Country of Travel	DFAT KISK (attility(s)	Travel	Medical
		* DFAT/S	martraveller destina	
		** <u>Internatio</u>	onal SOS Member P	<u>ortal</u>
Provide the purpose	of your travel:			
Provide the purpose	of your travel:			
Provide the purpose	of your travel:			
Provide the purpose	of your travel:			
Provide the purpose	of your travel:			
Provide the purpose	of your travel:			
Provide the purpose	of your travel:			
Activities planned	of your travel:			
Activities planned Fieldwork		ment (if required by my workuni	it) YES	
Activities planned Fieldwork I have complet	red a Fieldwork Risk Assessi	ment (if required by my workuni		
Activities planned Fieldwork I have complet Approved by:	ed a Fieldwork Risk Assessi	. .		
Activities planned Fieldwork I have complet Approved by: Study Abroad/	ed a Fieldwork Risk Assessi	Date:		
Activities planned Fieldwork I have complet Approved by: Study Abroad/ For Staff - a Green	ed a Fieldwork Risk Assessi	Date:has been undertaken.		
Activities planned Fieldwork I have complet Approved by: Study Abroad/ For Staff - a Green Please contact	ed a Fieldwork Risk Assessi Exchange Program Youp travel risk assessment the International office for o	Date:has been undertaken. details.	YES	
Activities planned Fieldwork I have complet Approved by: Study Abroad/ For Staff - a Green	ed a Fieldwork Risk Assessi Exchange Program Youp travel risk assessment the International office for o	Date:has been undertaken.	YES	
Activities planned Fieldwork I have complet Approved by: Study Abroad/ For Staff - a Granter Approved by:	ed a Fieldwork Risk Assessi Exchange Program Youp travel risk assessment the International office for o	Date:has been undertaken. details. Date:	YES	
Activities planned Fieldwork I have complet Approved by: Study Abroad/ For Staff - a Green Please contact Approved by: Other Details:	ed a Fieldwork Risk Assessi Exchange Program oup travel risk assessment the International office for o	has been undertaken. details. Date:	YES	



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Risk Assessment Checklist - responses are required for all

International SOS Travel Risk Ratings:	I have reviewed the latest International SOS information for my destinations (Member number 12AYCA091217) I will contact International SOS for a confidential individual briefing if I need to discuss any relevant health, security or other considerations. E.g. pre-existing conditions, medications, potential impact of Covid-19, border restrictions, personal safety, crime, cyber safety etc. ISOS Case Number:	Yes
<u>DFAT</u>	I have reviewed the latest information from DFAT for my destinations	
Travel Risk Ratings	If the DFAT advice is 'reconsider your need to travel' or do 'not travel' – I have contacted insurance@scu.edu.au in relation to travel insurance implication	
University Corporate Travel Insurance	I have read and understand the University Corporate Travel Insurance cover information, and if I consider it necessary, will arrange my own travel insurance cover.	
International SOS	I understand that I will need to contact International SOS if I need emergency medical or security assistance while travelling.	
	I have installed the International SOS app on my phone.	
Fit to Travel	I confirm that I am 'fit to travel' and have taken into consideration any pre-existing medical conditions, medication requirements, impact of potential travel disruptions on physical and mental health.	

Note: DFAT and International SOS information is subject to change and should continue to be monitored in the lead up to, and during travel

Traveller Declaration - responses are required for all

I have reviewed and understand the relevant entry requirements for my trip (visas, passport validity, entry requirements, vaccination, associated documentation, etc.)

I confirm that the above information is correct to the best of my knowledge. I acknowledge that I am responsible for taking appropriate steps to manage risks associated with my trip.

Traveller name:	Date:			
Part 2 – Travel Approver to complete then Submit form Approver Declaration				
I have read the above risk assessment, and based on the information provided I approve the proposed travel				
Approver signature:	Date:			

For more information on your destination, please contact travel@scu.edu.au
To check insurance coverage, please contact insurance@scu.edu.au
For assistance to complete this form or to obtain a Fieldwork Risk Assessment form, Student Group Travel Risk Assessment form, please contact: risk@scu.edu.au