

STEP 3 - Checklist

Confirm

DFAT Travel Risk Ratings

I have reviewed the latest information from DFAT for my destinations. 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.

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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, entry requirements, border restrictions, personal safety, crime, cyber safety etc.

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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. Note exclusions apply in relation to high-risk activities, and there are limits on the private travel component of a trip.

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Emergency Assistance

I understand that I will need to contact International SOS if I need emergency medical or security assistance while travelling.

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Fit to Travel

I confirm that I am 'fit to travel' and have taken into consideration any pre-existing medical conditions, medication requirements, and impact of potential travel disruptions on physical and mental health.

Note - travellers with pre-existing medical conditions are advised to obtain a letter from their doctor confirming that they are fit to travel. The corporate travel insurance cover excludes claims where a traveller is unfit to travel or has undertaken a journey against the advice of a Doctor.

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WHS Disclaimer

I will continue to assess any risks in location and put in controls to mitigate and manage any risks.
Note: DFAT and International SOS information is subject to change and should continue to be monitored in the lead up to, and during travel

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STEP 4 - Traveller Declaration

I declare that I have reviewed and understand the relevant requirements for my proposed travel, including passport validity, visa and entry requirements, vaccination requirements, and any supporting documentation.

I confirm that the information provided in this risk assessment is accurate to the best of my knowledge. I acknowledge my responsibility to take reasonable and appropriate steps to manage health, safety, security, and compliance risks associated with my travel, in accordance with SCU travel policy and procedures.

Traveller Signature:

Date: