

Part 1 – Traveller to complete

Traveller Details

Traveller Na	ame:		
l am a:	Staff Member	Student	Other
Work Unit:			Contact Phone:

Proposed Itinerary – if more space is required please provide as a separate attachment

Days in Country	Country of Travel	DFAT Risk rating(s) *	ISOS Risk Rating **	
Days in obuildy			Travel	Medical

* DFAT / <u>Smartraveller destination guide</u>

Provide the purpose of your travel:	

Activities planned

Fieldwork	
I have completed a Fieldwork Risk Assessment (if required by my workuni	it) YES
Approved by:	
Study Abroad/ Exchange Program	
<u>For Staff</u> - a Group travel risk assessment has been undertaken.	YES
Please contact the International office for details.	
Approved by: Date:	
Other Details:	
Provide any other relevant details about the proposed activities:	

^{**} International SOS Member Portal



INTERNATIONAL TRAVEL RISK ASSESSMENT FORM

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. <i>E.g. pre-existing conditions, medications, potential impact of Covid-19, border</i> <i>restrictions, personal safety, crime, cyber safety etc.</i>	Yes
	ISOS Case Number:	
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 <u>insurance@scu.edu.au</u> 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 <u>travel@scu.edu.au</u> To check insurance coverage, please contact <u>insurance@scu.edu.au</u> For assistance to complete this form or to obtain a Fieldwork Risk Assessment form, Student Group Travel Risk Assessment form, please contact: <u>risk@scu.edu.au</u>			