



ERASMUS OVERSEAS TRAVEL – RISK ASSESSMENT

Form to be completed in all cases involving travel to a country outside the United Kingdom by staff or students on University business.

Original should be returned to European and External Resource Office, 8 Forest Grove, Pontypridd.

Copy of form to be retained in Departmental office.

DEPARTMENT

NUMBER OF PERSONS TRAVELLING (NAMED ON PAGE 3)

PLACE(S) TO BE VISITED

DATE(S) OF VISIT

BRIEF DESCRIPTION OF WORK TO BE CARRIED OUT

WHO IS TRAVEL ORGANISER (RESPONSIBLE FOR TRAVEL ASPECTS OF VISIT)?



WHO IS WORK ORGANISER (RESPONSIBLE FOR THE WORK ASPECTS OF VISIT)?

ARE THERE SIGNIFICANT HAZARDS WHICH NEED TO BE CONTROLLED?

YES/NO –REFER TO SEPARATE RISK ASSESSMENTS FOR FIELD TRIPS ETC

Details:-

HAVE THOSE TRAVELLING OBTAINED NECESSARY HEALTH ADVICE AND WHERE APPROPRIATE VACCINATIONS AND IMMUNISATIONS?

YES/NO

Details:

HAVE THOSE TRAVELLING RECEIVED THE NECESSARY TRAINING AND INFORMATION NECESSARY TO UNDERTAKE THE WORK ACTIVITY?

YES/NO



SIGNED

Student Name

Date

SIGNED

Work Organiser/ Erasmus Co-ordinator

Date

SIGNED

Head of Department

Date

NAMES OF TRAVELLING PARTY:

Name, Address & Tel No	Name, Address & Tel No of Next of Kin/Emergency Contact