

INSTRUCTIONS	
Traveller	<p>This form is to be completed by the traveller and provided to your Supervisor / Manager for review and approval.</p> <p>The University must approve all international travel requests. Staff: Seek Vice Chancellor/Chief Operating Officer (COO) approval before arranging travel Student: Seek Executive Dean approval before arranging travel</p> <p>All travel to a DFAT Advice Level 3 (Reconsider Your Need to Travel) requires you to complete a Risk Assessment.</p> <p>The University does not permit any travel to a DFAT Level 4 (Do Not Travel) area. Once approved by the Supervisor / Manager, this risk assessment form should be emailed to:</p> <ul style="list-style-type: none"> Exec Dean to approve the student travel VC or COO to approve staff travel
Supervisor / Manager	<p>The supervisor / Manager of the traveller must review, provide comments and if agreed, approve the International travel and activity. Where improvements are required in the information or risk management strategies, this information should be provided to the traveller. The approver should also consider any stopover or breaks in the journey to the final destination and relevant DFAT ratings.</p>
VC/VPO Exec Dean	<p>Final approval is provided by VC/COO (staff) or Exec Dean (student)</p>

1. TRAVELLER DETAILS			
Name of traveller:		Status:	<input type="checkbox"/> Staff <input type="checkbox"/> Student
Manager/Supervisor:		School:	
Exec Dean/Director:		Faculty/Office:	
2. TRAVEL DETAILS			
Dates of travel:	Start date:	End date:	
Country & Locations:	Provided with this form is the: <input type="checkbox"/> Travel Diary <input type="checkbox"/> Schedule of locations		
Remote or Rural Area:	Treatment is a distance to a major hospital or clinic with more developed medical infrastructure that meets Western standards.		Yes <input type="checkbox"/> No <input type="checkbox"/>

3. TRAVEL DETAILS		
Country	City / Location	DFAT Rating

4. BOND UNIVERSITY COMPLIANCE	
Compliance <input type="checkbox"/>	All Staff Travel and University-funded student travel should be entered in FCM – Bond’s preferred campus travel provider. Faculty, Office or Research Centre staff can assist with this). Privately or externally funded travel for approved research projects should consider using the preferred campus travel provider FCM – in times of disaster FCM supports the University and its travellers by providing a full 24/7 notification service.
Traveller Status:	<input type="checkbox"/> Citizen of country travelling to <input type="checkbox"/> Resident of country travelling to <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Other – Details:

5. ACTIVITY INFORMATION

Students - The Approver must ensure that this travel is the only viable means to achieve the underlying academic objective
 Staff - All international travel must be of strategic importance to the University to be approved

Travel Activity:	<input type="checkbox"/> Research	<input type="checkbox"/> Teaching	<input type="checkbox"/> Event/Conference
	<input type="checkbox"/> Placement/Internship/Work-integrated learning – A component of a subject within the student’s degree	<input type="checkbox"/> Placement/Internship/Work-integrated learning – NOT a component of a subject within the student’s degree	
Start date:		End date:	
Activity/Project Summary:			
Purpose of travel:	Activity type	Location / Institution /Placement Provider	
	<input type="checkbox"/> Clinical Placement / Internship / Work integrated learning		
	<input type="checkbox"/> Student Exchange / Study Abroad		
	<input type="checkbox"/> Conference		
	<input type="checkbox"/> Visit to University		
	<input type="checkbox"/> Research meetings / collaboration		
	<input type="checkbox"/> Interviews / Offsite Visit / Focus Group		
	<input type="checkbox"/> Field Work		
	<input type="checkbox"/> Work alone or isolated situation		
	<input type="checkbox"/> Research projects; including laboratory work; biohazards; fieldwork sample collection		
	<input type="checkbox"/> Other (please specify):		
	Participating in any of the following:		
	<input type="checkbox"/> Boating, Canoeing/ Kayaking, Rafting		
	<input type="checkbox"/> Water Activities such as SCUBA Diving, surfing & snorkelling		
	<input type="checkbox"/> Abseiling, Caving, Canyoning		
<input type="checkbox"/> Other (please specify):			

6. TRAVEL RISK MANAGEMENT

Select the risk controls in place for the travel:

Note: In addition to selecting the risk management strategies, please include details of the strategies within the risk assessment under "Controls Implemented"

<input type="checkbox"/> Medical Review attended prior to travel. This has been: <ul style="list-style-type: none"> <input type="checkbox"/> Attended <input type="checkbox"/> Scheduled for: <input type="checkbox"/> Attended for location in last 12 months: <input type="checkbox"/> Received all compulsory vaccinations and medication <input type="checkbox"/> Researched other precautions to take, such as international laws on travelling with medicines 		<input type="checkbox"/> Traveller has experience country knowledge and experience
<input type="checkbox"/> Travel plans arranged with Bond preferred travel provider - FCM	<input type="checkbox"/> Registered travel plans with DFAT Smarttraveller / Subscribed with Smarttraveller	<input type="checkbox"/> Traveller is citizen of country to which travelling
<input type="checkbox"/> Traveller can speak the language	<input type="checkbox"/> Travel with another Bond staff member	<input type="checkbox"/> Local Guide or supervision
<input type="checkbox"/> Safe transport options identified	<input type="checkbox"/> Contact details provided to Faculty/Office I for travel period	<input type="checkbox"/> Security arrangements in place
<input type="checkbox"/> Safe accommodation arranged	<input type="checkbox"/> Induction / briefing prior to travel	<input type="checkbox"/> 'Check-in' / monitoring plans in place and communicated to relevant persons (e.g. students)
<input type="checkbox"/> Adequate medical facilities available in the country of travel	<input type="checkbox"/> Mobile phone for travel (including international roaming on phone and coverage available in country)	<input type="checkbox"/> Risk assessment completed and attached
<input type="checkbox"/> Additional risk controls or information: Consider any stopover or break in the journey.		

7. ASSESSING RISK

<p>Step 1 – Consider the Consequence What are the impacts of this incident occurring? Consider what could reasonably occur. Look at the descriptions and choose the most suitable consequence.</p>	<p>Step 2 – Consider the Likelihood What is the likelihood of the consequence identified in Step 1 happening? Look at the descriptions and choose the most suitable likelihood</p>	<p>Step 3 – Calculate the Risk 1. Take the step 1 rating and select the correct column 2. Take step 2 rating and select the correct line 3. Circle the risk score where the two ratings cross on the matrix below</p>
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CONSEQUENCE					LIKELIHOOD		RISK EVALUATION MATRIX										
Consequence Title	Reputation	Financial	Environment	Safety	Likelihood	Description											
5. Catastrophic	Irrecoverable legal / regulatory breach, jail, reduction in funding	Loss >M\$ 20.0 or 20% of budgeted revenue	Permanent damage to environment	Loss of life	1. Rare	No known history of event occurring but it is conceivably possible	↑ Likelihood ↓	←	5. Almost Certain	Significant	Significant	High	High	High			
					2. Unlikely	Unlikely to occur, but history of the event exists			Moderate	Significant	Significant	High	High				
					3. Possible	Might occur at some time			Low	Moderate	Significant	High	High				
					4. Likely	Likely to occur, even 50/50 chance			Low	Low	Moderate	Significant	High				
					5. Almost Certain	Most likely outcome & could occur at any time			Low	Low	Moderate	Significant	Significant				
4. Major	Issue to be raised with Stakeholders	Loss of M\$5 – M\$20.0 or 20% of budgeted revenue	Serious/ long term damage to the environment	Serious/ Permanent Injury	1. Rare				1. Rare	Low	Low	Moderate	Significant	Significant			
					2. Unlikely												
					3. Possible												
					4. Likely												
					5. Almost Certain												
3. Moderate	Issue to be raised with VC	Loss of M\$0.250- M\$5.0	Significant damage but capable of being remedied	Loss time/ Hospital	1. Rare												
					2. Unlikely												
					3. Possible												
					4. Likely												
					5. Almost Certain												
2. Minor	Ongoing complaint	Loss of M\$0.050- M\$0.250	Minor damage that is remedied	Medical attention required	1. Rare												
					2. Unlikely												
					3. Possible												
					4. Likely												
					5. Almost Certain												
1. Insignificant	Single complaint	Loss of <M\$0.050	Insignificant damage	Minor injury	1. Rare												
					2. Unlikely												
					3. Possible												
					4. Likely												
					5. Almost Certain												

<p>Adequacy & Effectiveness of existing controls:</p> <p>Good: No Further risk treatment required due to adequacy of existing controls.</p> <p>Satisfactory: Controls are in place, and further treatment is required to reduce the risk.</p> <p>Poor: Current controls not adequate; further risk treatment to be undertaken.</p>	<p>Risk Treatment Options:</p> <p><u>Avoid the Risk</u>: Decide not to proceed with an activity that is likely to generate an unacceptable risk, where this is practicable.</p> <p><u>Share the Risk</u>: Involve another party in sharing all or part of the risk by the use of contracts, insurance, joint ventures, partnerships etc.</p> <p><u>Accept & Reduce the Risk</u>: Decide to accept the risk & decrease the possibility of the risk occurring &/or the adverse impacts of the risk if it does occur.</p> <p><u>Retain & Monitor the Risk</u>: Allocate appropriate funding to finance & monitor the retained risks if it cannot be avoided, shared or reduced, or where the cost involved is not justified.</p>
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8. RISK CATEGORIES	
RISK CATEGORY	RISK EXAMPLES
Health & Safety Issues	disease, allergies, illness, injury, harassment including physical attacks, extortion and arrest by authorities
Political Issues	stability, permits, visas, civil unrest
Cultural Issues	language, religion, social issues
Security Issues	act of terrorism, crime, theft
Environment	misadventure including traffic accidents, natural disasters and hazards, and extreme climatic conditions

9. RISK ASSESSMENT – INTERNATIONAL TRAVEL									
Risk Category	Risk	Inherent Risk			Controls Implemented	Residual Risk			Person responsible
		L	C	Risk		L	C	Risk	

10. TRAVELLER DECLARATION

- I have read the DFAT and local government information and fully understand the risks involved with travel to this area.
- I have completed a risk assessment (as part of my application for safety clearance) for my activity where all foreseeable risks have been identified and appropriate controls introduced to eliminate or reduce the risk to an acceptable level.
- I have considered any health or medical issues that might affect my proposed travel and have taken professional advice if relevant.
- I am familiar with the area in question or have taken steps to ensure I will be familiar with the location prior to commencing the activity and have reviewed DFAT medical advice, including vaccination requirements for the countries I intend to travel to, and consulted University Medical Clinic or my own GP regarding my vaccination and other medical requirements.
- I have attached documentation regarding the agreement in place with the overseas institution/organisation (if applicable).

Name:		Staff/Student Number & Signature	
Date:			

11. MANAGER/SUPERVISOR APPROVAL

The University and its community have obligations under the relevant WHS statutes, and it is the responsibility of all members of the community to ensure that relevant policies and processes regarding safety and travel are followed for staff and students. Australia’s Duty of Care legislation, employers are responsible for their employees while they are travelling domestically and overseas.

Bond University has a requirement to be compliant with current Australian work health safety legislation

Bond University’s Management team has expressed a need to ensure compliance with WHS and relevant state and federal laws to protect Bond University Management team from litigation and, most importantly, to protect the health and safety of its travellers whilst overseas.

I approve the activity, travel proposed and risk management strategies outlined in this form

I approve the activity, travel and risk management strategies with the following comments:

Comments:			
Name:		Manager/Supervisor Signature:	
Date:			
Evaluation of Risk Assessment Completed:	<input type="checkbox"/>	Risk Acceptance:	Yes <input type="checkbox"/> No <input type="checkbox"/>

12. HEALTH & SAFETY REVIEW (by Work Health & Safety where applicable) - (For HIGH & EXTREME risks as identified by Supervisor/Manager).

Comments:

Name:		Date:	
Health, Safety & Wellbeing Lead Signature:			

13. FINAL APPROVER (Please select role)

Staff Travel: Vice Chancellor Chief Operating Officer
Student Travel: Executive Dean

Name:		Date:	
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Signature:	
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Comments:	
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Signature		Date:	
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Administration	Original retained with Faculty / Office <input type="checkbox"/>	Insurance	Copy sent to Manager, Insurance & Risk <input type="checkbox"/>
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