PG Student International Business Travel Form

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| **General details of trip**  *To be completed by the person travelling* | |
| **Name of person travelling:**  **Passport number of traveller:**  **Nationality of traveller:**  **Department:**  **Lead staff member on trip (if applicable):**  **Are you travelling with staff member(s) on trip (if applicable):**  **Are you travelling with other student(s)?:**  **If so, say how many and whether undergrads or postgrads:** | |
| **Destination:** | |
| **Objectives of visit (please give as much detail as possible):**  **1.**  **2.**  **3.** | |
| **Departure date/time:** | |
| **Return date/time:** | |
| ***Remember: It is advisable to have a rest day after a long haul flight*** | |
| **Insurance details** | |
| **Name of insurer**  Royal & Sun Alliance |  |
| **Policy number**  RTT306251 |  |
| [**Website**](https://sotonac.sharepoint.com/teams/FinancePlanningandAnalytics/SitePages/insurance-staff-travel-landing-page.aspx)  **Summary of cover can be found** [**here**](https://sotonac.sharepoint.com/teams/FinancePlanningandAnalytics/Finance%20documents/Insurance/Travel/RSA%20-%20Summary%20of%20Cover%20-%20Staff%20and%20%20Post%20Graduates.pdf)  **Contact details for the University’s Insurance office**  [insure@soton.ac.uk](mailto:insure@soton.ac.uk) Extn: 24790 |  |
| **Have you downloaded a copy of the** [**University insurance cover**](https://sotonac.sharepoint.com/teams/FinancePlanningandAnalytics/Finance%20documents/Insurance/Travel/RSA%20-%20Medical%20assistance%20card.pdf) **to take with you?** | **Yes/No** |

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| **Emergency contact details –** *for your information whilst travelling*  *To be completed by FOS team member* | | |
| **Names** | | **Address/Tel Number** |
| **Embassy or Consulate Details for location** | |  |
| **Relevant emergency numbers for location** | |  |
| **Travel Agent 24 Hour number (if applicable)** | |  |
| **Work nominated contact(s) in the UK and call back arrangements**  Erin Forward +44 (0)23 8059 3458  24 hour UoS Security control room 44 (0)23 8059 3311 | |  |
| **Your emergency contact details –** *for the Faculty to contact you*  *To be completed by the person travelling* | | |
| **Most reliable contact details for you whilst travelling or at location** | |  |
| **In-Country Contacts** | |  |
| **Personal Emergency contact(s) in the UK (Name, address, landline and mobile)** | |  |
| **Other issues:**  *To be completed by the person travelling* | | |
| **GP/travel clinic visit needed prior to travel for immunisations?** | | **Yes/No** |
| **Visa Required?** | | **Yes/No** |
| **Requested invitation or supporting letters in support of visa?** | | **Yes/No** |
| **Six months left on passport?** | | **Yes/No** |
| **Risk Assessment filter**  *To be completed by the person travelling* | | |
| **Are there any significant hazards associated with your travel as defined in the guidance notes below?** | **Yes/No**  ***If yes, please confirm you will be carrying out a full risk assessment*** | |
| **Is a full risk assessment required as defined in the Faculty’s International Business Travel Guidance note?**  <https://sotonac.sharepoint.com/teams/HealthSafetyRisk/SitePages/Travel.aspx>  <https://sotonac.sharepoint.com/teams/HealthSafetyRisk/SitePages/Risk-Assessment.aspx> | **Yes/No**  ***If guidance note suggests an off-site working risk assessment should be carried out for your trip then you must complete one and get it signed off prior to travelling*** | |
| **Does the Foreign Office advice against travel to any of your listed destinations?** | **Yes/No**  ***If Yes you will be required to obtain VC approval*** | |

**Date:**

**Name of Supervisor:**

**Supervisor signature:**

*(This is required prior to travelling)*

*Please return this completed form to* [*internationalisation@soton.ac.uk*](mailto:internationalisation@soton.ac.uk)