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 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 345824 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*