



WHS UNIT

INTERNATIONAL TRAVEL RISK MANAGEMENT PLAN

This International Travel Management Plan is to be submitted by the traveller for approval prior to travel if the Department of Foreign Affairs and Trade (DFAT) Level is at 'Reconsider your need to travel' or 'Do not travel' for the intended destination(s)/region(s).

The traveller must attach an itinerary to the Plan to verify the travel details, including all intended destinations (countries and/or regions) with associated DFAT Risk Levels.

1. Personal Details

Name: Faculty/Division:

2. Countries and/or Regions - DFAT Risk Levels

Please list the countries and/or regions with DFAT Levels 'Reconsider your need to travel' or 'Do not travel'. Include dates of arrival and departure for each.

Country/Region 1:	<input type="text"/>	DFAT Level:	<input type="text"/>
Arrival Date:	<input type="text"/>	Departure Date:	<input type="text"/>
Country/Region 2:	<input type="text"/>	DFAT Level:	<input type="text"/>
Arrival Date:	<input type="text"/>	Departure Date:	<input type="text"/>
Country/Region 3:	<input type="text"/>	DFAT Level:	<input type="text"/>
Arrival Date:	<input type="text"/>	Departure Date:	<input type="text"/>

3. Essential Nature of Travel

Type of work to be undertaken:

Conference Fieldwork Research Other:

Why it needs to be this destination?

Why is it needed at this time?

What is the impact of not being able to travel?

- | | |
|--|---|
| <input type="checkbox"/> Inability to complete a course of study | <input type="checkbox"/> Course delivery interrupted |
| <input type="checkbox"/> Breach of contract | <input type="checkbox"/> Inability to fulfil research commitments |
| <input type="checkbox"/> Negative impact/reputation damage | <input type="checkbox"/> Strategic alliance at risk |
| <input type="checkbox"/> Potential liabilities or litigation | <input type="checkbox"/> Financial loss |
| <input type="checkbox"/> Loss of revenue | <input type="checkbox"/> Loss of confidential information/data |
| <input type="checkbox"/> Other (please specify): | |

4. Preferred Supplier

Is travel booked through one of the University's preferred travel providers? e.g. STA Travel, Internet Travel
 Yes No - Please list:

5. Medical Advice

Has medical advice been sought regarding travel and necessary precautions taken? Yes No NA

6. Measures in place to reduce the risk of travel

- | | |
|---|--|
| <input type="checkbox"/> Registered travel plans with DFAT | <input type="checkbox"/> Safety equipment provided |
| <input type="checkbox"/> Traveller can speak the local language | <input type="checkbox"/> Reliable local supervision and guidance |
| <input type="checkbox"/> Safe distance to location of concern | <input type="checkbox"/> Safe venue and transport |
| <input type="checkbox"/> Prior training conducted | <input type="checkbox"/> Evacuation contingency plan in place |
| <input type="checkbox"/> Traveller has extensive in-country knowledge and experience. | <input type="checkbox"/> Local guide, attaché or security firm engaged |
| <input type="checkbox"/> Other (please specify): | |

7. Traveller's Declaration

I understand the health and security risks associated with travelling to the countries listed and agree to undertake the DFAT travel advice and measures listed above.

Name of traveller

Signature

Date

8. Approval

I approve travel to the specified countries subject to the measures outlined.

Executive Dean

Signature

Date

I approve travel to the specified countries subject to the measures outlined.

Chief Administrative Officer

Signature

Date