**TRAVEL EVALUATION FORM: UK FIELDWORK**

**To be completed in all cases before travel – even if University Insurance is not being used**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of birth: |  |
| Supervisor/Manager: |  | Staff or student: |  |
| Purpose of travel: |  | | |

|  |  |  |
| --- | --- | --- |
| **Summary Itinerary** | | |
| Dates: | Town/City/Area: | Accommodation address: |
|  |  |  |

|  |  |
| --- | --- |
| **Contact Information** | |
| Will you be contactable via your university email?: |  |
| Alternative: |  |
| What is your usual mobile number?: |  |
| Will you be contactable via your usual number? If not, please provide an alternative: |  |

|  |  |
| --- | --- |
| **Emergency Contact Details** | |
| Next of Kin: | |
|  |  |

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| --- | --- | --- |
| **Overall Statement of Risk** | | |
| **Fieldwork/Activities:**  e.g. what is the nature of your fieldwork? What are the risks involved? How will interviews be arranged, and are you in a public place, could your questions cause offence, will you be working alone, will you be working at night? |  | |
| **Transport:**  How will you travel during your fieldwork? |  | |
| **Communication:**  Will you report regularly to your supervisor? How often? |  | |
| **Emergencies:**  Have you considered any foreseeable emergencies and how you might get assistance? |  | |
| 1. Carefully consider your travel plans, the nature of the activity with which you will be engaged and its location, and whether this will give rise to any risk with regard to your, or anyone else’s, personal safety and health. Consider the likelihood of any risks occurring and the severity of outcome if they were to occur. 2. **Please complete one of the following:**   I consider the health and safety risks associated with my fieldwork in the UK to be low. I will adopt sensible precautions.  I consider there to be some risks associated with my fieldwork and I therefore enclose a completed Risk Assessment form. (*activity is judged medium or high risk, e.g. looking into drug culture)* | | |
| Signature of applicant: Date: | | |
| Signature of supervisor :  Date: | | Signature of Head of Department:  Date: |

**Please return completed and signed forms to Neil Clarke in the General Office or risk@anthro.ox.ac.uk**