**APPENDIX 2**

**OVERSEAS TRAVEL REQUEST AUTHORISATION FORM**

**PART A - Travel Request**

|  |  |  |  |
| --- | --- | --- | --- |
| This form combines the requirements of the Faculty, International Recruitment Action Plan, Financial Administration Handbook, and the University Safety Policy for Staff Travelling and Working Overseas as part of their University business. When completing this form you will need to read and understand your responsibilities as detailed in OBU Health and Safety Notice 38: <http://www.brookes.ac.uk/services/hr/health_safety/docs/obuhsn38.html>  This includes issues such as personal documentation, immunisations and health. | | | |
| **Section 1 - Travel Request Authorisation** | | | |
| Name: | | Faculty/Directorate: | |
| Job Title: | | Date of Application: | |
| Telephone/Mobile Number: | | Email Address: | |
| Name(s) of Other Staff Travelling:  **Note: If you are travelling as part of a group, you will not need to fill out separate forms for each member of staff** | | | |
| Event Title: | | | |
| Destination(s)/Countries Visited: | | | |
| Check the destination is not a “**Don’t go to’** country as defined by the **FCO**   * **Tick** to Confirm   Check: [www.fco.gov.uk](http://www.fco.gov.uk) Foreign and Commonwealth Office website  Click on *Travel Advice* and then *Travel Advice by Country* | | | |
| Purpose of Visit:  Please **TICK** | Collaborative Provision | | Faculty/University Fair |
| Conference | | Other |
| Reason for Attendance  **Note: Attach business case for visit, if required** |  | | |
| **Initial Assessment of Risk:** | Please Give Details: | | |
| Activities: |  | | |
| Special Points of Safety (if known): |  | | |
| Type of Accommodation: |  | | |
| Method of Travel: |  | | |
| Health Advice:   * Please consult your GP if you have any underlying health problems that could affect your fitness for overseas travel on behalf of the University. * Please consult Fitness for Travel TRAVAX for in country health advice [www.fitfortravel.scot.nhs.uk](http://www.fitfortravel.scot.nhs.uk) * For further advice on fitness for travel and advice on vaccinations contact Occupational Health on extension 5772. * If the overall assessment of risk is **Significant**, please complete Part C | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Safety Advice:  Pre-Travel Advice:[www.umal.co.uk](http://www.umal.co.uk)  Click on Travel, then Travel Security Online to access Control Risk Group 24  **Tick** to Confirmyou have viewed the Control Risk Group 24 website  **NOTE:** Please **TICK** to specify **level of risk** below:  **Low** (i.e. similar risk level as Oxford or London)  **Significant** | | | | | | | | |
| **Please Note:** If overall risk is **Low**, please complete Part A and submit for approval. If overall risk is **Significant**, please complete Part B Risk Assessment & PARTC Health Assessment | | | | | | | | |
| **Section 2 - Budget** | | | | | | | | |
| **Proposed Costs** | **Details** | | | **£** | | | | |
| Cost of Cover Staff |  | | |  | | | | |
| Travel Costs |  | | |  | | | | |
| Accommodation & Subsistence |  | | |  | | | | |
| Cost of Hospitality Provided |  | | |  | | | | |
| Other Costs |  | | |  | | | | |
| **TOTAL £** |  | | |  | | | | |
| From which budget are the costs to be met? | | | | | | | | |
| Cost Centre: | | | | Activity Code: | | | | |
| How will staff claims be made? (Please **TICK**) | | | | | | | | |
| By Receipts: | | | | By Use of Subsistence Rates: | | | | |
| Will a staff advance be required?  A Staff Advance Form will need to be completed before an advance will be given. | | | | YES / NO  Advances can only be paid into a bank account. | | | | |
| Sum £: | | | | Date: | | | | |
| **Approval of Budget Holder** | | | | | | | | |
| Signature: | | | | Date: | | | | |
| Print Name: | | | |  | | | | |
| **Please Note:**  Part B Risk Assessment and Part C Travel Health Assessment must be completed if the overall risk is significant. | | | | | | | | |
| **Authorisations** | | | | | | | | |
| Approval by Head of Department: | | | | | | Date: | | |
| Print Name: | | | | | |  | | |
| Approval of Safety Adviser: | | | | | | Date: | | |
| Print Name: | | | | | |  | | |
| Approval of Dean / Director: | | | | | | Date: | | |
| Print Name: | | | | | |  | | |
| **Section 3 - PR and Marketing Opportunities** | | | | | | | | |
| **Please Note:** In order to maximise the cost effectiveness of those travelling overseas and to take advantage of possible PR opportunities, please complete the following section. If you make a positive response to this section, the form will be copied to the International Office and/or Faculty Marketing Department who may contact you to discuss additional duties which you may be able to undertake and to agree any additional budget. | | | | | | | | |
| Are you willing to undertake any additional recruitment activities for the University / Faculty? | | | | | | | YES / NO | |
| Could the dates of your trip be extended? | | | | | | | YES / NO | |
| Attending fairs / exhibitions (if appropriate)? | | | | | | | YES / NO | |
| Visiting institutions? | | | | | | | YES / NO | |
| Alumni contacts / activities? | | | | | | | YES / NO | |
| Making presentations for recruitment? | | | | | | | YES / NO | |
| Interviewing students? | | | | | | | YES / NO | |
| Giving guest lectures (academic)? | | | | | | | YES / NO | |
| Visiting the British Council / Embassy? | | | | | | | YES / NO | |
| Visiting university representatives? | | | | | | | YES / NO | |
| Other- please specify | | | | | | | YES / NO | |
| **Section 3 Cont’d:** | | | | | | |  | |
| **Section below to be completed by the International Office following consultation with member of staff** | | | | | | | | |
| Additional Duties Agreed: | | | | | | | | |
| Assistance Required by International Office: | | | | | | | | |
| Signature:  **Director / Assistant Director, OBI** | | | Date: | | | | | |
| **Section 4 – Travel Details** | | | | | | | | |
| This section should only be completed when approval has been given for the visit / trip and the bookings completed. You will need to ensure that SECTION 5 – Overseas travel Emergency Contact Form is completed by each person who is going on the visit | | | | | | | | |
| **Travel and Accommodation Details** | | | | | | | | |
| Names of Staff Travelling |  | | | | | | | |
| Names of Staff Travelling |  | | | | | | | |
| **Itinerary** | | | | | | | | |
| **Departing**  Date:  Flight No:  Airport:  Time: | **Arriving**  Date:  Flight No:  Airport:  Time: | | | **Accommodation**  Name:  Address:  Tel: | | | | |
| **Departing**  Date:  Flight No:  Airport:  Time: | **Arriving**  Date:  Flight No:  Airport:  Time: | | | Name:  Address:  Tel: | | | | |
| **Useful Information and Emergency Contact Numbers at Brookes** | | | | | | | | |
| **Brookes Travel Insurance – https://intranet.brookes.ac.uk/fls-intranet/finance/policies-and-procedures/insurance/travel/**  See University Insurance Handbook for details of automatic travel insurance cover. | | | | | | | | |
| In the event of an emergency outside normal office hours the following contact numbers should be used | | | | | | | | |
| Campus Services | | (UK) 01865 483059 | | | | | | (INT) + 44 1865 483059 |
| Campus Services  Control Room (24 hrs) | | (UK) 01865 483060 | | | | | | (INT) + 44 1865 483060 |
| Student Services | | (UK) 01865 484650 | | | | | | (INT) + 44 1865 484650 |
| **Section 5 – Overseas Travel Emergency Contact Details** | | | | | | | | |
| The Overseas Travel Emergency Contact Details must be completed by *each* person (traveller) who is going on the visit / trip. | | | | | | | | |
| Faculty / Directorate: | | | | | Department: | | | |
| Name: | | | | | Address: | | | |
| Home Tel: | | | | | Mobile: | | | |
| Name and Address of Next of Kin: | | | | | Tel: | | | |
| **Please Note:** Cards are available for Oxford Brookes staff travelling overseas with  **Useful Information and Emergency Contact Telephone Numbers**  via the Faculty Travel Administrator, OBI, OH or H & S Departments | | | | | | | | |
| **Please photocopy Part A Travel Request Part B Risk Assessment**  **Forms to Faculty Coordinating Manager /Travel Administrator**  **and**  **to the Travel Co-ordinator at Oxford Brookes International** | | | | | | | | |