## Risk Assessment – Overseas Travel

Name & Department	Signature of traveller	
Country & Cities to be visited		
	Date	
Date of Departure/Return	Signature of Research Advisor	
Purpose of Visit		
	Name of Research Advisor	
	Date	
Have you travelled to this country before? Please specify if you have extensive knowledge of the country you are vi (gained from residence, citizenship experience there)		

What are the current risks identified by US State Department for the country being visited?		

What is the risk rating determined by Red24?	

Category		Associated problems	Probability: Low,	Measures taken to reduce risk –
		·	Medium, High,	
			Extreme?	
Crime				
Terrorism				
Conflict				
Political				
Kidnap				
Infrastructure	Transportation			
	Medical capabilities			
	Contaminated food			
	Contaminated water			
	& drinking water			
	· ·			
	Utilities			
Natural Risks	Climate conditions			
	Natural disasters			
	Contact -			
	with insects			
	Contact -			
	with animals			
Cultural Risks	Local Culture			
Cultural Risks	Local Culture			
	Legal differences			
Hazardous activities	Activities			
	Hazardous			
	substances/chemicals			
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	Field work/research			
Other				

Y	our	De	par	tme	ent	Co	nta	ct
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Please enter the number of your emergency contact person in your department here:

## Embassy in-country

Please enter the number of the local Embassy in the country you are visiting

Emergency	Contact in	n the USA

Mobile number	phone being taken on trip	
Local contact	name, organization and telephone	
Travel bookings please state whether booked online, through local contacts or through travel agent		

Date	Flight details	Hotel/Accommodation details