

**Study Exchange Risk Assessment Form**

This form must be completed and returned to the Exchanges Office for approval ***no later than 14 days before you leave the UK***. If you are travelling to a destination where UK citizens have to quarantine on arrival, ***you must factor this into your travel plans***. Please ensure that you read the guidance notes carefully before completing this form.

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| --- | --- | --- | --- |
| **Student name:** |  | | |
| **Student ID number:** |  | | |
| **School/Department:** |  | | |
| **Name of host institution:** |  | | |
| **Country of host institution:** |  | | |
| **Duration of study exchange in academic year 2024/25:** | Full Year Semester One Semester Two | | |
|  | | | |
| **1. GENERAL CONTROL MEASURES** | | **Action needed to mitigate risk?**  **(specify details)** | **Action completed?**  **(by whom  and date)** |
| 1. Have you been given a health and safety briefing and, if so, by whom? | Yes / No |  |  |
| 1. If yes to question a), have you been provided with sufficient information? | Yes / No |  |  |
| 1. If no to question a), do you have any remaining concerns or queries? If so, please provide details. | Yes / No |  |  |

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| **2. RISK ASSESSMENT**  *Please refer to the guidance notes when completing this section.* | **Risk profile (high, medium or low)** | **Action needed to mitigate risk?**  **(specify details)** | **Action completed?**  **(by whom  and date)** |
| 1. Work factors |  |  |  |
| 1. Travel/transportation factors |  |  |  |
| 1. Location and/or regional factors |  |  |  |
| 1. Environmental health factors |  |  |  |
| 1. Medical factors   *If you have a pre-existing medical condition, it is strongly recommended that you visit your doctor PRIOR to the study exchange in order to ensure that it is safe for you to proceed. If appropriate, you might need to obtain a letter for travel or have the confirmation recorded in your medical notes. However, you should NOT travel against the advice of a registered medical practitioner.* |  | Mental health:  Physical health: |  |
| 1. Insurance limitations   *If you have a pre-existing medical condition, it is strongly recommended that you secure your own travel insurance which includes medical cover.* |  |  |  |

**Risk assessment carried out by student:**

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| --- | --- | --- | --- |
| Name: |  | | |
| Signature: |  | Date: |  |
| Have the above actions been completed? | | Yes / No | |

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| **3. CONCLUSIONS** | | **Action needed to mitigate risk?  (specify actions)** | **Action completed?**  **(by whom  and date)** |
| Has the study exchange provider completed the Host Organisation Declaration Form?  If the host institution has answered negatively to any of the questions, please record the action(s) needed. | Yes / No |  | *To be completed by Exchanges Office only.* |
| Has the study exchange provider been used before and reviewed already with regard to health and safety? | Yes / No |  | *To be completed by Exchanges Office only.* |
| Is a site safety visit required before study exchange is approved? | Yes / No |  | *To be completed by Exchanges Office only.* |
| Are the risks tolerable such that the study exchange can be approved? | Yes / No |  | *To be completed by Exchanges Office only.* |

**Study exchange approved by Exchanges Office:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Job title: |  |
| Signature: |  | Date: |  |
| Have the above actions been completed? | | Yes / No | |