|  |  |  |
| --- | --- | --- |
| ***Working Away:***  ***Risk Assessment Form***  ***NB: You need to arrange for completion of this form in order to complete your application for leave to work away. Please keep a copy of this form for yourself.*** | **Faculty of Architecture**  **and History of Art** | |
| **Are you registered as a Full or Part-time student?** | |
| **Full Time ( )** | **Part-time ( )** |

**Part I – Information relating to your working away from Cambridge**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Surname (Family Name):** | **Forenames(s):** | **College:** |
|  | |  |  |
| **2** | **Your Contact Details (telephone numbers,** **email & postal address):** | | |
|  | | | |
| **3** | Your Course & Year of Study: | | |
|  | | | |
| **4** | Research Subject: | | |
|  |  | | |
| **5** | Supervisor/Course Director: | | |
|  | | | |
| **6** | **Emergency Contact (indicate their relationship to you):** | | |
| Please make sure that your emergency contact has agreed to take on this role | | | |
| **7** | **Telephone numbers, email & address of Emergency Contact:** | | |
|  | | | |
| **8** | **Working Away Destination(s) (list each town and country you intend to work away in):** | | |
|  | | | |
| **9** | **Detailed Itinerary - What will you be doing and when?** | | |
| You *must* provide a detailed breakdown of your activities, travel arrangements and location. | | | |
| **10** | **Start and End Dates you be working away:** | | |
|  | | | |
| **11** | **Your Working Away Destination telephone numbers, email address & postal address:** | | |
| Consider applying for visiting student status at local University | | | |
| **12** | **Telephone numbers, email address & postal address of contact at Working Away Destination:** | | |
|  | | | |
| **13** | **Names and full contact details of anyone travelling with you:** | | |
|  | | | |
| **14** | **Does the UK Foreign and Commonwealth Office (FCO) website advise against travel to your intended destination? Please note that the Faculty will not endorse projects that take place in a destination where the FCO advises against all travel before departure date.**  **See:** **https://www.gov.uk/foreign-travel-advice** | | |
|  | | | |
| **15** | **Please state the date you checked the FCO travel advice website and the level of warning given to your fieldwork location:** | | |
|  | | | |
| **16 Please provide details of the Embassy/Consulate/High Commission with which you will be registering, including their contact details:** | | | |
| Where possible, please register before you leave Cambridge. | | | |

|  |  |
| --- | --- |
| **17** | **Do you need to apply for a visa or arrange for any other documentation for working away? Please provide details:** |
|  | |
| **18** | **Do you have appropriate vaccinations (with documentation), medical and emergency evacuation insurance? Please provide details:** |
|  | |  |
| **19 Do you have travel insurance? Please provide details and policy number:** | |  |
|  | |  |
| **20** | **Please describe your plans for immediate evacuation, should it be necessary (provide full details):** |
|  | | **Do you have appropriate medical and emergency evacuation insurance? Please provide details:** |
| **21** | **Are there any potential physical or psychological problems that might arise due to the nature of your research? Please provide details:** |
|  | |
| **22** | **Do you have the appropriate permission to access libraries, archives, museums, and, do you have the necessary letters of introduction? Please provide details:** |
|  | |

**Part 2 – Personal risk assessment**

You need to consider the hazards you might encounter (eg busy roads, dark streets, cliffs, deep or running water); the risks associated with them (eg road collisions, being attacked, falling, drowning or being swept away); and, your measures for minimising or avoiding these risks.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What hazards do you perceive you might experience while undertaking this fieldwork?** | | **What are the risks associated with these hazards. (For example: 'Fast-moving traffic', 'Trip hazard', 'Armed guards')** | **What do you consider is the likelihood of 1) your being exposed to these risks, and, 2) the severity of the risk?**  **Please indicate: low, medium, high for 1 and 2.** | **How do you propose to avoid or reduce the likelihood of being exposed to the risk?** | **If you consider the risk requires that (a) you take advice locally, or (b) you inform someone locally of your intentions, who would this be?** |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
| **If you have taken advice from someone or used reference material in order to quantify the risks involved listed above, please note their name and contact details here:** | | | | | |
|  | | | | | |
| **1** | **Do you agree to let someone know when you leave and return from fields sites especially when working alone?** | | | | |
|  | | | | | |
| **2** | **Do you agree to purchase a local sim card (if appropriate) and keep your mobile phone on your person and charged at all times/** | | | | |
|  | | | | | |
| **3** | **Do you agree to keep in regular contact with your Department?** | | | | |
|  | | | | | |
| **4** | **Do you agree to regularly monitor the FCO website for travel information updates?** | | | | |
|  |  | | | | |
|  |  | | | | |

**Students and Staff should also consider the following:**

1. Training and information on Risk Assessment for Fieldwork and lone working see: <http://www.training.cam.ac.uk/ohss/event/1480879> and <http://www.training.cam.ac.uk/ohss/event/1479504>
2. The list of hazards below is provided for you to consider but is not exhaustive. If any of these hazards can be eliminated altogether, or can be reduced at source by making an inherent change then you must consider doing so. Hazards will also need an additional, more technical assessment on a specialist form - please ask the University Safety Office for further advice. Hazards to consider: High or low temperatures; High pressures; Civil unrest Chemical hazards; Biological hazards; Genetically Modified Organisms; Ionising radiations; Lasers; Sharp objects; Dusts; Work at heights; Animal houses; Magnetic fields; Machinery hazards; Electricity; Manual Handling; Noise; Vibration; Falling objects; Collapsing structures; Flooding; Slips, trips and falls; Asphyxiant gases; Flammable gases.
3. Please explain how an accident, incident or health condition could arise. You must consider all events which are reasonably foreseeable.
4. Please see the health and safety risk assessment handbook for further guidance on levels of risk: <http://www.admin.cam.ac.uk/offices/safety/risk/>
5. When deciding on suitable control measures, you should ensure that you are complying with all relevant University policy and guidance documents, and that you have considered the hierarchy of control measures. In order to comply with legislation, we must also take all steps which are ‘reasonably practicable’ to reduce risk. This means that we should take all steps which are (in terms of time, cost and trouble) reasonable in relation to the reduction of risk achieved.

**Useful Links**

Architecture and History of Art: [http://www.aha.cam.ac.uk](http://www.aha.cam.ac.uk/) – Reception +44 1223 332950

University Safety Office: <http://www.admin.cam.ac.uk/offices/safety/>

University Insurance Office: <http://www.admin.cam.ac.uk/offices/insurance/>

Foreign and Commonwealth Office: <https://www.gov.uk/government/organisations/foreign-commonwealth-office>

**Part 3 – Declaration**

**I have assessed the proposed activity and its associated risks and declare that (please check box):**

|  |  |  |  |
| --- | --- | --- | --- |
| **1a There is no significant risk:** | | **1b The risk will be controlled by the measures listed:** | |
|  | |  | |
| **2** | **Your Signature** | | **Date:** |
| I agree to keep in regular contact with the Department and notify any change of plans.  Name (in print): Signature:  ***NB: All unapproved research leave will be treated as an unauthorised absence from the University.*** | | |  |
| **3 Supervisor/Course Director’s Authorisation:** | | | **Date:** |
| Name: (in print): Signature:  Relationship to Student: | | |  |
| **4 College Graduate Tutor Comments:** | | | **Date:** |
| Name (in print) Signature:  Comments: | | |  |
| **5 Head of Department’s Authorisation: (the Graduate Office will arrange for this)** | | | **Date:** |
| Name (in print): Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: | | |  |

**This assessment should be reviewed regularly (usually every 12 months), or earlier if there is a material change to the process, the equipment, location or relevant safety technologies. It should also be reviewed when new people are involved, or after an incident has taken place.**

**Please forward this Risk Assessment Form to the Graduate Office once you have arranged for it to be signed off by all the above parties except for the Head of Department if your working away is for a period of time greater than two weeks. Please note that it is your responsibility to collate all authorising signatures except for the Head of Department.**