**Emergency Details Form**

**For every overseas trip**, the person travelling or the lead traveller of a group must email a copy of the [**Emergency Details form**](http://staging.gcal.ac.uk:7777/media/gcalwebv2/healthandsafety/Emergency%20Details%20draft%2014.10.16.docx) to [travel@gcu.ac.uk](mailto:travel@gcu.ac.uk) to ensure up-to-date details of all travellers are available in the event of an emergency. This should be submitted as soon as possible after the trip has been approved, and at the latest one week prior to travel.

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| 1. Travel Risk |
| 1. As the traveller or lead traveller of a group, please record what level of risk the trip has been categorised as: -   Low  (For low risk category please refer to section B)  Medium  High   1. Has an overseas travel risk assessment form been completed (medium or high/extreme risk): -   Yes  NA  If yes, please state approver’s name: Click here to enter text.  ***Note:*** *Please ensure you have familiarised yourself with the* [*University travel process*](http://www.gcu.ac.uk/healthandsafety/travel/)*, including the ‘*[*Guide – travel risk and approval*](https://www.gcu.ac.uk/aboutgcu/supportservices/healthandsafety/travel/pre-approval)*’, and checked the relevant travel resources available, for example,*  *[Foreign, Commonwealth and Development Office (FCDO)](https://www.gov.uk/foreign-travel-advice), Travel Security advice and*  [Crisis24 Horizon](https://crisis24horizon.com/app/login) *which is an online platform that all GCU travellers have access to and further information on this can be found on the* [*GCU Insurance page*](https://www.gcu.ac.uk/aboutgcu/supportservices/finance/travel/insurance) *under the ‘Pre-Travel Security Advice’ section.* |

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| 1. Low Risk | | | |
| I have familiarised myself with the University Travel Insurance arrangements and a copy of the relevant contact numbers will be with me throughout my travel. **Note:** Please visit the university [GCU Insurance page](https://www.gcu.ac.uk/aboutgcu/supportservices/finance/travel/insurance) for further information  I understand that a separate risk assessment must be undertaken if the trip involves fieldwork or a student placement  I have asked all staff/students travelling to inform me of any underlying medical conditions and to the best of my knowledge, I or any of the people travelling or intending to travel are not doing so against the advice of a qualified medical practitioner and I am not aware of any health related reason to affect advisability of travel  I will ensure a detailed travel itinerary is sent to my line manager and/or Head of Department prior to travel  I understand that an overseas travel risk assessment form must be completed and submitted for approval if the level of risk increases to medium or high/extreme prior to travel  **Traveller/Lead Traveller Name**: Click here to enter text. **Date completed:** | | | |
| 1. Travel Details - Please note: this information can be cut and pasted from section B of the overseas risk assessment | | | |
| **School/Directorate/**  **Other** | Click here to enter text. | **Department** | Click here to enter text. |
| **Name of Traveller**  (or lead traveller) | Click here to enter text. | **Status (e.g. staff/student/**  **other)** | Click here to enter text. |
| **For repeat trips within a year, please state the annual period the risk assessment covers (medium or high/extreme risk)**  (date, month, year) | | **From** | Click here to enter text. |
| **To** | Click here to enter text. |

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| 1. Travel Itinerary - Are you submitting a copy of the travel itinerary from a Travel booking company with this form?  Yes/No If yes, please go to section E. If not, please complete the table below.   Remember to include return travel details and please add extra sections, as required, to cover your trip. | | | |
| **Travel From** | Click here to enter text. | **Travel to** | Click here to enter text. |
| **Date and time of travel** | Click here to enter text. | **Date and time of departure** | Click here to enter text. |
| **Mode of transport e.g. plane/train/car** | Click here to enter text. | **Travel Provider e.g. BA/Virgin** | Click here to enter text. |
| **Flight no (if applicable)** | Click here to enter text. |  |  |
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| **Travel From** | Click here to enter text. | **Travel to** | Click here to enter text. |
| **Date and time of travel** | Click here to enter text. | **Date and time of departure** | Click here to enter text. |
| **Mode of transport e.g. plane/train/car** | Click here to enter text. | **Travel Provider e.g. BA/Virgin** | Click here to enter text. |
| **Flight no (if applicable)** | Click here to enter text. |  |  |
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| **Travel From** | Click here to enter text. | **Travel to** | Click here to enter text. |
| **Date and time of travel** | Click here to enter text. | **Date and time of departure** | Click here to enter text. |
| **Mode of transport e.g. plane/train/car** | Click here to enter text. | **Travel Provider e.g. BA/Virgin** | Click here to enter text. |
| **Flight no (if applicable)** | Click here to enter text. |  |  |

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| 1. Contact details – sole or lead traveller  |  |  |  | | --- | --- | --- | | Please complete the following table if you are the sole or lead traveller. Where you are the lead traveller  of a group, please complete the table below for yourself and complete **section F** for all other travellers in  the group. | | | | **Traveller Contact Details** | **Emergency Contact Details** | **Next of Kin Contact Details (Complete only if different from Emergency Contact)** | | **Name (name on passport):**  Click here to enter text.  **Passport Number:**  Click here to enter text.  **Passport Expiry Date**  Click here to enter text. | **Name:**  Click here to enter text. | **Name:**  Click here to enter text. | | **Phone No:**  Click here to enter text. | **Phone No:**  Click here to enter text. | **Phone No:**  Click here to enter text. | | **Mobile:**  Click here to enter text. | **Mobile:**  Click here to enter text. | **Mobile:**  Click here to enter text. | | **Email:**  Click here to enter text. | **Email:**  Click here to enter text. | **Email:**  Click here to enter text. | |

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| 1. Contact details – organisation | | | |
| List the contact details for the organisations being visited (for example, overseas university, local agency, company) and any hotels being stayed in. | | | |
| **Date (From – To)** | **Name of Organisation/Hotel** | **Address or Organisation/Hotel** | **Contact Details** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **Name** Click here to enter text.  **Phone** Click here to enter text.  **Mobile** Click here to enter text.  **Email** Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **Name** Click here to enter text.  **Phone** Click here to enter text.  **Mobile** Click here to enter text.  **Email** Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **Name** Click here to enter text.  **Phone** Click here to enter text.  **Mobile** Click here to enter text.  **Email** Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **Name** Click here to enter text.  **Phone** Click here to enter text.  **Mobile** Click here to enter text.  **Email** Click here to enter text. |

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| 1. Contact details – additional travellers | | |
| Please add additional lines as appropriate | | |
| **Traveller Contact Details** | **Emergency Contact Details** | **Next of Kin Contact Details (Complete only if different from Emergency Contact)** |
| **Name (name on passport):**  Click here to enter text.  **Passport Number:**  Click here to enter text.  **Passport Expiry Date**  Click here to enter text. | **Name:**  Click here to enter text. | **Name:**  Click here to enter text. |
| **Staff/Student/Other:**  Click here to enter text. | **Relationship:**  Click here to enter text. | **Relationship:**  Click here to enter text. |
| **Phone No:**  Click here to enter text. | **Phone No:**  Click here to enter text. | **Phone No:**  Click here to enter text. |
| **Mobile:**  Click here to enter text. | **Mobile:**  Click here to enter text. | **Mobile:**  Click here to enter text. |
| **Email:**  Click here to enter text. | **Email:**  Click here to enter text. | **Email:**  Click here to enter text. |

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| **Staff/Student/Other:**  Click here to enter text. | **Relationship:**  Click here to enter text. | **Relationship:**  Click here to enter text. |
| **Phone No:**  Click here to enter text. | **Phone No:**  Click here to enter text. | **Phone No:**  Click here to enter text. |
| **Mobile:**  Click here to enter text. | **Mobile:**  Click here to enter text. | **Mobile:**  Click here to enter text. |
| **Email:**  Click here to enter text. | **Email:**  Click here to enter text. | **Email:**  Click here to enter text. |
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| **Mobile:**  Click here to enter text. | **Mobile:**  Click here to enter text. | **Mobile:**  Click here to enter text. |
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| **Staff/Student/Other:**  Click here to enter text. | **Relationship:**  Click here to enter text. | **Relationship:**  Click here to enter text. |
| **Phone No:**  Click here to enter text. | **Phone No:**  Click here to enter text. | **Phone No:**  Click here to enter text. |
| **Mobile:**  Click here to enter text. | **Mobile:**  Click here to enter text. | **Mobile:**  Click here to enter text. |
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