**Purpose of this Form**

UniSA recognises the significance of travel for teaching, learning and research, however such travel offers unique risk exposures. UniSA has a duty of care under relevant health and safety legislation to ensure that policy and process associated with safety and travel are followed.

This form assists the University to determine whether to permit travel to and/or remain in countries with a [DFAT Alert Level 3 and 4](http://smartraveller.gov.au/countries/pages/list.aspx) (DFAT advice is “reconsider your need to travel” or “do not travel”).

**Instructions for completing this form and booking travel**

1. This form must be completed by the traveller for all University related international travel (outside Australia) that includes either a flight and/or overnight accommodation.
2. Travel Arrangers may complete and sign this form when arranging visitor travel for all University related international travel (outside Australia) that includes either a flight or overnight accommodation. However, the Travel Arranger is to ensure the visitor is provided a copy of the declaration and confirms acceptance.
3. This form should be completed per trip per traveller.
4. Complete a Business Travel Request [(BTR)](https://bpi.unisa.edu.au/suite/tempo/reports/view/QzqdHg) and email the completed International Travel Questionnaire to the Travel Administrator managing the booking request/registration.

**NOTE: The use of a University credit card or personal credit card (with subsequent request for reimbursement) to book air travel is prohibited. University credit cards can be used for incidentals whilst travelling e.g. accommodation, meals, taxi, etc.**

|  |  |  |  |
| --- | --- | --- | --- |
| **TRAVELLER DETAILS** | | | |
| **Full Name:** |  | **UniSA BTR Reference Number:** |  |
| **Travel Date(s):** |  | **Travel Destination(s) (inc. departure, arrival, and transits):** |  |

|  |
| --- |
| **TRAVEL DETAILS** |
| 1. Please list all locations in your proposed itinerary that are located within countries/regions presently rated as DFAT Alert Level 3/4. |
|  |
| 2. Outline your relevant prior travel experience to this destination (or other similar destinations), and language, social and cultural knowledge, home country, etc. |
|  |
| 3. Provide details of any local support networks directly available to you at the proposed destination(s) e.g. local contact, host or guide. |
|  |
| 4. List any resources available to you while travelling. For example, international mobile phone roaming, or a local mobile phone (provide details), email services available of you or your local contact. |
|  |
| 5. What arrangements have been made with your supervisor for your safe return to UniSA after the travel takes place? |
|  |
| 6. Detail why travel must take place to destination and why the underlying activity cannot be conducted via other means, by another person or destination e.g. via video conference, safer destination, inviting partners to UniSA. |
|  |
| 7. What are the main risks associated with the travel? Provide summary of how the risks will be managed / mitigated. In addition to the personal risks to the traveller(s), also consider the reputational and strategic risks to UniSA as a whole. |
|  |
| 8. Has allowance been made for any potential costs not covered by travel insurance (e.g. travel cancellation and disruption) and who is funding this? |
|  |
| 9. Does the event/activity being attended have any security support. |
|  |
| 10. Specify the location of the nearest Australian embassy/consular office to the destination(s). |
|  |
| 11. Where do you intend to stay whilst visiting the location(s), please include name, address and contact number(s). |
|  |

|  |  |
| --- | --- |
| **TRAVEL/TRAVEL ARRANGER DECLARATION** | |
| I have ensured funds are available to pay for any costs not covered by [UniSA’s Travel Insurance](https://i.unisa.edu.au/staff/finance/services-we-provide/insurance-landing-page/travel-insurance/). |  |
| I understand the University’s requirements for [incident notification](https://i.unisa.edu.au/staff/finance/services-we-provide/travel/health-and-safety/). |  |
| I will make regular and scheduled contact with a nominated University representative (welfare checks). |  |
| Nominated University representative *(please provide details):*  Frequency of contact *(please provide details):* |  |
| I declare that the above travel details are a true representation of the business-related travel to be undertaken.  Signature *(electronic accepted)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  **PLEASE NOTE:** Electronic signatures are accepted when this form is submitted to the Travel Team from the traveller’s secure UniSA e-mail account. The e-mail will act as a signature for all documents that are attached to the e-mail. The traveller’s name must appear in the ‘from’ line of the e-mail. It is also the traveller’s responsibility to seek approval from their Executive Dean/Unit Director prior to submitting this form. | |