

FIELDWORK TRAVEL EVALUATION FORM

To be completed at least 3 weeks before travel - even if the Graduate Institute Travel Insurance is not being used

Full Name:		[Date of Birth:			
Supervisor:			Study Programme and year:			
Nationality:		F	Passport No:			
Country of reside	ence:					
Health Insurance:			Policy No:			
Describe the proposed research activity:						
Summary Itinerary:						
Dates:	Country:	Town/City/Area:	Hotel details/flight deta	ils:		
Have your already been to Yes No this country?:						
Contact Informa	ation:					
Will you be conta	actable via your Graduate Ir	Yes No				
Alternative:						
What is your mot	oile number (the one you w					
Will you be conta an alternative:	actable via your mobile num	е				
			-			
Emergency Con	ntact Information (please i	ndicate the relationship:	parents, sibling, spouse,	friend, etc)		
Overseas contact details (research location): Family of			contact (Next of Kin):			

(please check also with your credit card):		Yes No	
If 'Yes' please provide the attach copy of the insuran	-		
Overall Statement of Risk			
o vorall otatomont or viol			
and whether thes Consider the likel	Carefully consider your travel plans, the nature of the activity with which you will be engaged and its location, and whether these will give rise to any risk with regard to your, or anyone else's, personal safety and health. Consider the likelihood of any risks occurring and the severity of outcome if they were to occur (complete the Risk Assessment form).		
•	Check the Federal Department of Foreign Affairs (FDFA) website and/or the website of the Foreign Ministry of your country of origin (ex. The Foreign and Commonwealth Office		

http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/) to see if the country/ies to which

When you arrive, please announce yourself right away to the Embassy of your country of origin.

Yes

iii) Please complete one of the following:

you are travelling have any advice/warnings posted.

Do you have a travel insurance?

	safety risks associated with my field work and the country/ies that I is is travel precautions and the advice in the Risk Assessment).					
	e some risks associated with my field work and/or the country/ies close a completed Risk Assessment form					
associated with the country/ies or ar interviewing drug users or members on highly charged or controversial senclose a completed Risk Assessment	High Risk I have checked the FDFA (or else – please precise) advice and there are warnings associated with the country/ies or areas where I am visiting or this is a high risk activity (for example interviewing drug users or members of guerrilla groups, working in extreme terrains/remote locations or on highly charged or controversial subject which might put you at significant risk) and I therefore enclose a completed Risk Assessment form including supporting information in regards to these warnings/risks (checking-in every two days, etc).					
All fieldwork is undertaken under the student's own responsibility.						
Signature of supervisor:	Signature of applicant:					
Date:	Date:					

Please return the completed and signed form to your Programme Manager (madis@graduateinstitute.ch, mdev-mia@graduateinstitute.ch or secretariatphd@graduateinstitute.ch) at least three weeks before your departure. The document will be put in your student record in the Student Office. Be aware that this may be referred to the Human Resources, if need be (emergency situation for example).

For medium and high risk country or activity, an appropriate risk assessment will be made by the Programme Manager and the Human Resources to evaluate whether you will be covered by the Graduate Institute Travel Insurance.