

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:			Passport No:			
Country of residence:						
Health Insurance:			Policy No:			
Describe the proposed research activity:						
Summary Itinerary:			Hotel det	ails/flight details:		
Dates:	Country:	Town/City/Area:	i lotel deta	ans/mgm details.		
Have your already been to Yes No this country?:						
Contact Informa	ation:					
Will you be contactable via your Graduate Institute email?:			Yes	No		
Alternative email	:					
Mobile number (the one you will use):						
woode number (the one you will use).						
Alternative number:						
Emergency Cor	ntact Information (please i	ndicate the relations	ship: parents, sib	ing, spouse, friend, etc)		
Overseas contact details (research location):			mily contact (Nex	t of Kin):		
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Do you have a travel insurance? (please check also with your credit card):	Yes No
If 'Yes' please provide the name of your insurer and attach copy of the insurance card:	

Overall Statement of Risk

- i) 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).
- ii) Check the Federal Department of Foreign Affairs (FDFA) <u>website</u> and/or the website of the Foreign Ministry of your country of origin (e.g. The Foreign and Commonwealth Office <u>website</u>) to see if the country to which you are travelling has any advice/warnings posted.

 When you arrive, please announce yourself immediately to the Embassy of your country of origin.
- iii) Please complete one of the following:

Low Risk I consider the health and safety risks associated with my field work and the country/ies that I am visiting to be low. I will adopt sensible travel precautions and the advice in the Risk Assessment form (checking-in once a month, etc).

Medium Risk I consider there to be some risks associated with my field work and/or the country/ies that I am visiting and I therefore enclose a completed Risk Assessment form (checking-in once a week, etc)

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 kept in your student record at the Student Office. Please note that your file will be made available to Human Resources, in the case of an emergency.

For medium and high risk countries or activities, an appropriate risk assessment will be made by the the Academic Advisor to evaluate whether or not you will be covered by the Graduate Institute Travel Insurance. If your request is accepted, you will receive an ad hoc form to complete and will have to register via the insurance platform. These formalities are necessary for coverage to be granted by the insurance company.