# INTERNATIONAL TRAVEL RISK MANAGEMENT PLAN

This International Travel Management Plan is to be submitted by the traveller for approval prior to travel if the Department of Foreign Affairs and Trade (DFAT) Level is at ‘Reconsider your need to travel’ or ‘Do not travel’ for the intended destination(s)/region(s).

The traveller must attach an itinerary to the Plan to verify the travel details, including all intended destinations (countries and/or regions) with associated DFAT Risk Levels.

## 1. Personal Details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Faculty/Division:</th>
</tr>
</thead>
</table>

## 2. Countries and/or Regions - DFAT Risk Levels

Please list the countries and/or regions with DFAT Levels ‘Reconsider your need to travel’ or ‘Do not travel’. Include dates of arrival and departure for each.

<table>
<thead>
<tr>
<th>Country/Region 1:</th>
<th>DFAT Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Date:</td>
<td>Departure Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country/Region 2:</th>
<th>DFAT Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Date:</td>
<td>Departure Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country/Region 3:</th>
<th>DFAT Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Date:</td>
<td>Departure Date:</td>
</tr>
</tbody>
</table>

## 3. Essential Nature of Travel

Type of work to be undertaken:
- [ ] Conference
- [ ] Fieldwork
- [ ] Research
- [ ] Other:

Why it needs to be this destination?

Why is it needed at this time?

What is the impact of not being able to travel?

- [ ] Inability to complete a course of study
- [ ] Breach of contract
- [ ] Negative impact/reputation damage
- [ ] Potential liabilities or litigation
- [ ] Loss of revenue
- [ ] Other (please specify):

- [ ] Course delivery interrupted
- [ ] Inability to fulfil research commitments
- [ ] Strategic alliance at risk
- [ ] Financial loss
- [ ] Loss of confidential information/data
4. **Preferred Supplier**

Is travel booked through one of the University’s preferred travel providers? e.g. STA Travel, Internet Travel
- [ ] Yes
- [ ] No - Please list:

5. **Medical Advice**

Has medical advice been sought regarding travel and necessary precautions taken?  
- [ ] Yes  
- [ ] No  
- [ ] NA

6. **Measures in place to reduce the risk of travel**

- [ ] Registered travel plans with DFAT
- [ ] Traveller can speak the local language
- [ ] Safe distance to location of concern
- [ ] Prior training conducted
- [ ] Traveller has extensive in-country knowledge and experience.
- [ ] Other (please specify):

- [ ] Safety equipment provided
- [ ] Reliable local supervision and guidance
- [ ] Safe venue and transport
- [ ] Evacuation contingency plan in place
- [ ] Local guide, attaché or security firm engaged

7. **Traveller’s Declaration**

I understand the health and security risks associated with travelling to the countries listed and agree to undertake the DFAT travel advice and measures listed above.

<table>
<thead>
<tr>
<th>Name of traveller</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

8. **Approval**

I approve travel to the specified countries subject to the measures outlined.

<table>
<thead>
<tr>
<th>Executive Dean</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

I approve travel to the specified countries subject to the measures outlined.

<table>
<thead>
<tr>
<th>Chief Administrative Officer</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>