

Western University Safety Abroad SAFETY PLANNING RECORD

Students must fill out this form to apply for special authorization to travel to a destination under an official Government of Canada Travel Advisory. Locations with a risk rating of “Avoid non-essential travel” and “Avoid all travel” will not be authorized for student travel for University sanctioned activities unless exceptional circumstances exist, as outlined in [Western’s Safety Abroad Policy](#).

Instructions:

1. Complete **sections A to F** and submit the form to travelregistry@uwo.ca
2. Western International will seek a travel security briefing from International SOS (ISOS), which will be attached as Appendix 1
3. Upon receipt of the ISOS travel security briefing in **section G**, students will be asked to complete **section H** in response to any identified hazards and obtain the following signatures in **section I**: [1] The Faculty/Staff Member supporting the travel and [2] Head of Unit authorizing the travel
4. Return the form with sections H and I completed to travelregistry@uwo.ca
5. Final review and authorization is determined by the Vice Provost International. Students will be notified of the outcome of the authorization once a final decision has been made.

This form must be completed as soon as possible. Please note that the **approval process may take up to 3 weeks**. Questions about this process can be emailed to travelregistry@uwo.ca.

A. STUDENT INFORMATION

First Name:	Last Name:	Student Number:
Faculty:		
Address:		City:
Province:	Postal Code:	Country:
Phone Number:	Email:	

B. FACULTY/STAFF MEMBER SUPPORTING THE TRAVEL

Faculty/Staff Member Name:	
Faculty:	Department/Unit:
Phone Number:	Email:

If any other faculty or staff members are involved in planning for this travel activity, please list their names and respective faculty/department/unit:

C. TRAVEL DETAILS

Country:

Region:

City (or nearest City):

Date of Departure:

Date of Return:

Purpose of Travel:

1. Describe your overall level of travel experience:

2. Describe any previous experience or background that you have in this region, including your level of proficiency in the foreign language:

3. Describe the range of activities that you will be engaged in during the international activity:

4. Summarize your complete travel itinerary, including [1] **all locations** you will be travelling to and/or visiting, [2] **dates**, [3] **mode of transportation** you will be using between and within the locations, and [4] the **accommodations** where you will be staying:

Location	Dates	Transportation [Private Vehicles, Commercial Carriers (bus, plane, etc.), Other]	Accommodation

5. Are others traveling with you? Yes/No

If yes, please list their names, affiliations (i.e. UWO Student, UWO Faculty member, etc.), nationalities, any previous travel experience to this location and their level of proficiency in the foreign language:

D. SUPPORT AND GUIDANCE IN THE REGION

Name of local organization with which you are working:

Contact First Name:

Contact Last Name:

Phone Number:

Email:

1. Describe the local organization's experience receiving international volunteers/students/participants and what they do to ensure their safety (e.g., a safe house, secure, transportation, etc.):

2. If the safety of your situation changes how will you leave the area? What emergency plans are in place?

E. ACADEMIC NECESSITY OF TRAVEL

1. Is this travel part of a credit-based activity at Western? Yes/No
If yes, please indicate the course/program name:

2. What significant negative consequences to your academic program will occur if you don't complete this international activity now?

F. MEDICAL INSURANCE

1. What medical insurance have you purchased in light of the Canadian government travel Advisory? Please provide the insurer's name, policy number and evidence of coverage.

G. ISOS TRAVEL SECURITY BRIEFING (attached as Appendix 1) – to be completed by Western International

H. RISK ASSESSMENT AND EMERGENCY PLANNING

List any identified hazards associated with activities or environment as per advice provided by International SOS and risk management measures planned or taken for eliminating or reducing risks to acceptable levels.

Hazard	Risk Analysis	Risk Management Plan
<i>EXAMPLE: Infectious diseases and parasites</i>	<i>The most common infectious disease I will likely be exposed to is Malaria.</i>	<i>For malaria, I will be taking anti-malaria drugs (Lariam) during the course of my time in the country. I have used this drug many times prior and know I do not suffer any side effects from it.</i>

I. SIGNATURES

Student Name:

Student Signature:

Date:

The Faculty/Staff Member supports this travel

YES

NO

Name of Faculty/Staff Member:

Signature of Faculty/Staff Member:

Date:

Head of Unit authorizes travel

YES

NO

Name of Head of Unit:

Signature of Head of Unit:

Date:

Vice Provost International authorizes travel

YES

NO

Name:

Signature of Vice Provost International:

Date: