



Risk Assessment form for Outgoing Students

This form is to allow you to carry out a risk assessment for your intended period of study abroad under the Erasmus scheme. You should ensure that you put adequate controls in place to deal with any identified risks.

Family Name:

First Name:

Academic year:.....

Student ID Number:

School:

Course:

ASSESSMENT OF RISKS

| Destination(s) | Dates |
|----------------|-------|
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| Brief outline of activities to be undertaken | |
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| List significant hazards that might affect you (see Guidance Notes) | |
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MEASURES TAKEN TO MINIMISE RISK

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| Indicate control measures taken/to be taken (e.g. seeking health advice, finding out about location, etc.) | |
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|---|
| Southampton Solent University Contacts |
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| | |
|--------------------------------|--|
| Placement Co-ordinator details | |
| Course Leader | |
| Institutional Representative | |

| | |
|---|--|
| Details of Designated Contact Person at the institution where you will be studying (if we need to get in touch with you urgently and you are unavailable) | Name: _____ Email: _____ Tel. No. _____ Fax: _____ Have you logged your itinerary with him/her? YES/NO Does he/she have details of your next of kin? YES/NO |
|---|--|

| | |
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| Your personal contact details during your period of study abroad. (If you do not know yet, please send them within five days of your arrival at your host institution) | Accommodation address _____ _____ _____ Tel _____ Mobile _____ Email _____ |
|---|---|

| | |
|------------------------|---|
| Details of Next of kin | Name: _____ Relationship: _____ Tel. No. _____ Have you logged your itinerary with him/her? YES/NO |
|------------------------|---|

| | | |
|------------------------|-----------|------|
| Placement Co-ordinator | Signature | Date |
| Student | Signature | Date |

Guidance on complete this form

Significant hazards

- Only list those that you could reasonably expect to cause significant injuries or affect several people.
- Does the trip involve long haul flying with the attendant DVT risks etc?
- Does the trip involve hazardous locations, such as heavy industry, weapons research establishments, etc?
- Does the trip involve countries where there is civil unrest/tension or a heightened risk of terrorism etc?
- Do any significant hazards arise from the particular circumstances of the work, such as confined space, limited height, poor lighting, high/low temperature?
- Have the necessary vaccinations/general health precautions been attended to?
- Have adequate preparations been made for transfer to/from airports/coach stations/hotels?
- If your trip involves both a personal and a work element are you adequately insured for both? Do you/ have any relevant medical conditions e.g. Asthma, heart condition, diabetes, epilepsy, etc and if so have the necessary arrangements been made?

Who might be exposed:

- Remember to include yourself and any others working in or passing through the work area. Those more vulnerable or less experienced should be highlighted as they will be more at risk, such as children, people unfamiliar with the work area, disabled or with medical condition, e.g. Asthma.

Existing control measures:

- List the control measures in place for each of the significant hazards such as DVT, civil unrest etc.
- Remember to list any measures that you have taken to control existing medical conditions.
- Remember appropriate training is a control measure and should be listed.
- List any Permits to Work that may be in force (none required for EU citizens within the EU).

Are risks adequately controlled:

- With all the existing control measures in place, do any of the significant hazards still have a potential to cause significant harm.
- Use your judgement as to how the risks could be managed.

Additional controls:

- List the additional control measures, for each of the significant hazards, which are required to reduce the risk to the lowest reasonably practicable level.
- Additional measures may include such things as flight stockings, money belt, increased ventilation, Permit to Work (if required), confined space entry permit, barriers/fencing, fall arrest equipment, etc.
- Personal Protection Equipment should only be used as a last resort, if all else fails.

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| Individual Checklist for Personal Use |
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| | YES | NO |
|---|--------------------------|--------------------------|
| Travel arrangements to, from and at location arranged | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel Documents received and checked | <input type="checkbox"/> | <input type="checkbox"/> |
| Accommodation for whole itinerary organised and confirmed | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk assessment undertaken and valid and signed | <input type="checkbox"/> | <input type="checkbox"/> |
| Base contact agreed & method of routine communication established | <input type="checkbox"/> | <input type="checkbox"/> |
| Base contact informed of all necessary itinerary details | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency contact system established and in place | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance details known and adequate for purpose, accident and medical emergency contact details known. | <input type="checkbox"/> | <input type="checkbox"/> |

Please return this form to Southampton Solent University

By e-mail to: international.exchanges@solent.ac.uk

By fax to: 0044 2380319412

By post to: Academic Partnerships Office
Marketing and Communications Service
Southampton Solent University
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Southampton SO14 ORX- UK