## Green Form - Off Campus Activities and Fieldwork in Great Britain Risk Assessment

This form should be completed ONLY for:

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| **Low risk fieldwork/ activities in Great Britain such as attending conferences, visiting museums, etc.**  |

* See the fieldwork matrix in the University guidance for more details on low-risk fieldwork.
* If you are carrying out moderate/ high risk fieldwork you will need to complete the Red Form – Fieldwork risk assessment (moderate/ high) (see fieldwork guidance for details).
* If the fieldwork is arranged jointly between one or more Faculties/ PSUs, a shared risk assessment and authorisation should be undertaken.
* If travelling as a group undertaking the same activity, only one risk assessment form needs to be completed along with the Participant Declaration and Information Form.

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| General Information to be completed by the fieldwork risk assessor/leader |
| This should include contact details when travelling |
| Name: |  |
| Email: |  | Tel: |  |
| Faculty: |  | School: |  |
| Staff [ ]  PG Student [ ]  UG Student [ ]  Other [ ]  Please specify: |
| Expected Departure Date  |  | Expected Return Date  |  |
| Number of persons taking part in this field trip: | Supervisors: |  | Students: |  |
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| Fieldwork information |
| **Fieldwork/ Research Title:** |  |
| **Type of fieldwork:** Please provide details of the activities to be undertaken e.g. attendance at a seminar, conference or exhibition/ museum. |  |

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| **Additional forms included**  |
| Participant Declaration and Information (for group travel) | [ ]  |

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| **First Aider – For all group activities a first aider must be present** |
| Name |  | Qualification |  |
| Expiry Date: |  |

## Risk considerations

All participants (this includes all staff and students whether lone working or as a group) must confirm that they understand the nature of the risks and the potential impact(s), and that they will take reasonable precautions as detailed below and in the associated guidance to avoid putting themselves or anyone else at risk, in particular:

* Provide contact number and emergency contact (below) to the Faculty/ PSU as set out in the guidance document.
* If travelling and carrying out fieldwork alone, will follow Swansea University Lone Working Policy.
* Will not travel/ carry out fieldwork if adverse weather is indicated. In the event of adverse weather whilst carrying out fieldwork, will take precautions in line with the Met office advice.
* Will download SafeZone prior to departure and check area is covered prior to departure.
* Will read the Swansea University Travel Insurance Policy and confirm that all participants are aware of all exclusions (including higher risk leisure activities).
* If any activities are carried out in free time, outside of the low-risk activity all participants are aware that they are not covered by University Insurance and additional personal insurance may be required.
* Will plan the journey and pre-book/ or only use transport provided by a reputable company, to avoid unnecessary risks.
* Will use accommodation providers as per University travel requirements and policy.
* If hiring any vehicles, will ensure the correct license and insurance are in place to drive the vehicle. The driver/ operator must familiarise themselves with the vehicle prior to departure.
* Will follow the safety advice and guidance of the host organisation and will report any safety concerns to the host organisation and/or to my Faculty/ PSU management.
* Any participants who have a pre-existing medical conditions/ allergies/ pregnant or new and breast-feeding parents have considered how their medical condition/ requirements will be managed and have appropriate arrangements in place. A more detailed risk assessment may be required in this instance.
* Individuals are not travelling/ participating against medical advice.
* Any additional needs of participants have been discussed and considered prior to departure.
* Appropriate contingency arrangements are in place if any participant suffers disruption to accommodation, travel or suffer an injury, ill health.

## Emergency Contact Information and Planning

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| **Swansea University Contact**  |
| Name |  |
| Phone |  | Email  |  |
| **Emergency Contact**  |
| Swansea University Security 24/7/365:  | +44 (0)1792 604271 |
| SafeZone App downloaded  | Downloaded Yes [ ]  No [ ]  |
| Travel planet emergency number | 020 3997 6121. |
| **Personal Emergency Contact** (Only complete for solo participant or group leader.  |
| Name |  |
| Phone |  | Email  |  |
| **Accommodation Details** |
| If not known, please complete prior to travelling and share with your Swansea University contact.  |  |

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| **Declaration** |
| **Fieldwork Risk Assessor(s):** |
| By signing this document, as the fieldwork risk assessor you are confirming you: * You understand the nature of the risks and the potential impact(s) and have considered steps to reduce and mitigate the risks associated with the fieldwork.
* Have declared any allergies and sought medical advice where necessary, and appropriate measures are in place.
* Are fit to undertake the activity/ fieldwork, are not participating against medical advice and reasonable adjustments have been agreed where required.
* All information and responses given are true and accurate to the best of my knowledge and belief.
* If group leader, will ensure the information is shared with all participants, and the participant declaration and information form is completed prior to travel.
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| **Name:** | **Signature:** | **Faculty**  | **Date:**  |
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**Once completed, please send to the appropriate Faculty/ PSU manager(s) for approval.**

## Risk Assessment Authorisation

**If the Fieldwork involves more than one Faculty/ PSU, authorisation is required for all Faculty/ PSU’s involved.**

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| **Authorisation** |
| By Signing this document, as the Authoriser(s) you are confirming you have read the fieldwork risk assessment and are satisfied that the proposed reasonable precautions are in place for the activity/ fieldwork. |
| **Authorisation should be signed for ALL fieldwork.** |
| **Line Manager/ Supervisor of Group Leader** | **Name:** |  |
| **Signature:** |  |
| **Faculty/ PSU:** |  |
| **Date:**  |  |
| **Name:** |  |
| **Signature:** |  |
| **Faculty/ PSU:** |  |
| **Date:**  |  |
| **Name:** |  |
| **Signature:** |  |
| **Faculty/ PSU:** |  |
| **Date:**  |  |