



**STUDENT FIELD TRIP RISK ASSESSMENT FORM**  
MPhil in African Studies

Name:

College:

Supervisor:

Date(s) and time(s) of visits: when you expect to leave and return to the UK

Destination(s): Please include name of Institution, address, telephone, email address where possible

Brief description of activity:

Are you aware of the ways in which you should deal with unforeseen circumstances, such as theft, travel accidents, health risks, terrorism, civil unrest, natural disasters? For example, do you know the contact details of the British or other Consulate, your Medical Insurer, your Bank, details of your vaccination pass?

Is there any possibility that due to the political situation in the country you are visiting, you may be in any danger?  
(If in doubt check the Foreign Office web site, <http://www.fco.gov.uk/>)

Have you considered any potential physical or psychological problems due to the nature of your research?

Should any authorities be notified, or asked for permission, prior to your visit(s), for example, have you secured access to libraries, archives, museums and secured the necessary letters of introduction?

Have appropriate insurance arrangements been made?

Have you planned appropriate medical measures and are you aware of what medical vaccinations are required and when they should be obtained?

Have you taken advice on cultural practices and social expectations in the country/area you are visiting?

Are you aware of the visa requirements for your visit and how long in advance of your trip you have to make application?

Have you obtained accommodation and ensured that you are aware of your contractual obligations?

Your contact details whilst working away:

Address:

Telephone:

Email addresses:

Contact numbers and addresses of next of kin:

Name:

Address:

Telephone:

Email addresses:

To: the Supervisor

Your signature confirms that, to the best of your knowledge, both you and the student have endeavoured to anticipate the likely risks and to seek to minimise them.

The supervisor's signature does NOT absolve the student of the responsibility to act in a safe and responsible fashion at all times.

This signature cannot be taken as an admission of liability in any respect by the supervisor in the event of the student's negligence.

Signature of Supervisor:

Date: