



# UNIVERSITY OF CAMBRIDGE

Department of Computer Science and Technology

## Risk assessment form

(Leave to work away from Cambridge)

<b>Student name and CRSID</b>		
<b>Nationality</b>		
<b>Placement type</b>	Work or Research Placement / Conference/ Field Work/ Summer School <i>(delete inapplicable)</i>  Other .....  *Conferences, workshops, and graduate schools of less than 2 weeks in duration do not require LTWA applications	
<b>Travel dates</b>	<i>From:</i> ..... <i>To:</i> .....	
<b>Accommodation address while away</b>		
<b>Placement/conference/school address</b>		
<b>Emergency phone numbers/e-mail address</b>		
Foreign and Commonwealth Office travel advice has been checked <a href="https://www.gov.uk/foreign-travel-advice">https://www.gov.uk/foreign-travel-advice</a>	<b>Tick</b>	
<b>Proposed insurance arrangements (including funding source if in addition to University Insurance)</b>		
Describe any hazards:		
What could go wrong?		
Who might be hurt?	Any special risk factor?	
When might this happen?	Can this hazard be eliminated altogether, or reduced making an inherent change?	

*Please turn over*

What are the *control measures* which will be, or are, in place to help stop all of this from happening?

What is the residual risk which remains given all the control measures in place? (Please assume that control measures may sometimes fail if it is possible for them to do so.)

	Likely	Probably	Possible	Remote	Improbable	Impossible
Fatal injury						
Major injury						
Minor injury						
Falling ill						

Is the residual risk acceptable?

Can you identify any further action which is reasonable, in terms of the expense and the amount of time and trouble involved, which would reduce the risk even further?

If you have answered 'yes', then please describe the action below and specify when you expect it to be completed.

LTWA Application submitted on CamSIS (if required) Date .....

I, the student named above, agree to email [cldegcom@hermes.cam.ac.uk](mailto:cldegcom@hermes.cam.ac.uk) to record my arrival and to check in regularly. I agree to inform the University of any change to my circumstances (including contact details or the nature of study/work/health) and will amend the risk assessment accordingly. I confirm that I will apply for travel insurance (and medical insurance, if advised), and have discussed a contingency plan with my supervisor.

Student's signature ..... Date .....

Supervisor's signature ..... Date .....

Supervisor's name .....

Refer to *Study Away Risk Assessment Committee* YES / Not required / Further information needed

**Head of Department's signature** (or that of authorised deputy)

..... **Date** .....

Please upload this completed form to CamSIS (if required) and bring a copy to the Graduate Education Office. Risk Assessment forms will be retained for the duration of the period of leave away from Cambridge only.