

HIGH RISK TRAVEL AUTHORISATION FORM

This form must be completed to seek authorisation for travel to countries which have location(s) with a travel advisory rating of 'avoid non-essential travel' (previously 'high risk') or 'do not travel' (previously 'extreme risk'). The official source of information on the risk rating of a country is the Ministry of Foreign Affairs and Trade SAFETRAVEL website: www.safetravel.govt.nz/

Please submit the completed form to the [Performance & Risk Office](#). Risk Office will then will submit a recommendation with insurance confirmation to the appropriate Dean, Deputy Vice-Chancellor (Ops) & Registrar or Vice-Chancellor for a final decision. To allow sufficient time for review please submit this form to Risk Office at least 10 working days in advance of departure.

TRAVELLER & DEPARTMENT INFORMATION	
First Name Click here to enter text. Last Name Click here to enter text.	Title Click here to enter text.
ID NO./ UPI Click here to enter text.	Department/Service Division Name Click here to enter text.
<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> UniServices Contractor <input type="checkbox"/> Group Travel Please give further detail on the group e.g. how many staff and students: Click here to enter text.	Work Phone Number Click here to enter text. Mobile Phone Number Click here to enter text. Email Click here to enter text.

TRAVEL DETAILS	
Business Purpose of Trip: (e.g.: conference title and dates) Click here to enter text.	Departure Date of Travel: Click here to enter text. Return Date of Travel: Click here to enter text.
Destination(s): (list all high risk destinations, including destinations transiting through, and dates of all travel) Click here to enter text.	Funding Source: Click here to enter text. If self-funded, is the travel registered in Via TRM: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm if you are taking any individual items worth more than \$5,000 (if yes, please contact the Risk Office): <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the SAFETRAVEL risk rating for the areas you are travelling to or transiting through? <input type="checkbox"/> Exercise normal safety and security precautions <input type="checkbox"/> Exercise increased caution <input type="checkbox"/> Avoid non-essential travel <input type="checkbox"/> Do not travel
Please confirm if you are hiring a car whilst travelling on UoA business: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of work days: Click here to enter text. Number of associated travel private days: Click here to enter text.
Please confirm all travellers are over 18 and under 75 years of age (if not, please contact the Risk Office): <input type="checkbox"/> Yes <input type="checkbox"/> No	Please confirm you have taken any necessary vaccines for the destinations you will visit: <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe all modes of in-country transportation to be used: Click here to enter text.
Describe all accommodation to be used: Click here to enter text.
Describe in-country resources and contacts you will have available: Click here to enter text.
Describe your travel plan within the country (staying in cities, visiting remote regions, cross-country travel, travel at night), and your anticipated proximity to areas identified in the Travel Warning as being 'Avoid non-essential travel' or 'Do not travel' areas. Click here to enter text.
Describe any local police or security arrangements planned during your travel: Click here to enter text.
Do you have prior experience in the country/region to be visited? Please indicate below: Citizen (Y/N) ___ Lived/Worked (Y/N) ___ How long? _____ Prior trips (Y/N)? ___ How many? _____
Describe your language proficiency level for the country/region to be visited (please place an "x" next to the level that best describes your language proficiency): <input type="checkbox"/> None <input type="checkbox"/> Sufficient <input type="checkbox"/> Fluent
Justification – Provide a brief statement explaining why travel to this location must take place and why you cannot accomplish your work in an alternate location: Click here to enter text.

ACKNOWLEDGEMENT OF POLICY COMPLIANCE (Traveller to Complete)

1. The NZ Government maintains a list of country-specific Travel Warnings, Alerts and country-specific guidance for travellers, available at: <https://www.safetravel.govt.nz/>. UoA travellers are required to read applicable Travel Warnings in advance. _____ Initial here to indicate that you have reviewed the applicable Travel Warning.

2. Travel to any location designated as a Travel Warning Area involves risks, many of which are beyond the control of the traveller. The UoA Risk Notification Statement below describes some of these risks. It is important for travellers to review and understand these risks. _____ Initial here to indicate that you have read and understand the risks described below.
 - In the event of an emergency, depending on conditions the University of Auckland may require travellers to temporarily suspend operations, re-locate, or return to New Zealand until it is safe to return to the area.
 - The NZ Embassy nearest your destination may temporarily close or suspend public services for security reasons.
 - The NZ Embassy nearest your destination may not be able to provide emergency assistance should you require it.
 - If there is a need to evacuate in an emergency flights may be suspended and other departure or shelter in place options may be limited or non-existent.
 - Access to hospitals, emergency medical care and medications may be limited or non-existent;
 - Should you experience difficulties, the University of Auckland, associated insurance companies, and emergency service providers may not be able to provide immediate assistance to you.

- Participation in travel to a Travel Warning Area has inherent risks, which may include kidnapping or death. These risks can never be completely eliminated.
 - Risks of travel to your destination, may include (but are not limited to) dangers to health and personal safety, including possible death posed by natural disaster, illness, disease, terrorism, crime, civil unrest, and/or violence.
 - Additional risks include (but are not limited to) minor and major physical injuries, emotional and psychological injuries inflicted accidentally or intentionally by others, and/or catastrophic injuries, including paralysis and death.
3. Please confirm you have booked, or intend to book, your travel through the University's Official Travel Management Company (Orbit)?
 Yes No
 4. Please confirm you have read the travel and expenses policy and guidelines: Yes No
 5. Please confirm that you have provided up-to-date next of kin details: Yes No
 6. Please confirm you have registered your travel on the NZ Government [SAFETRAVEL](#) website or your respective country of origin government alternate? Yes No
 7. If you have a pre-existing medical condition please confirm you completed the [MEDICAL ASSESSMENT FORM](#) for the insurer: Yes No N/A

REQUIRED SIGNATURES

Traveller signature: _____

Print Name: _____ **Date:** _____

Departmental Approval

I am familiar with this proposed travel and activity, and I concur with the information and justification provided on this form. For student travel, I agree that this travel is necessary to accomplish the academic and research goals of the student traveller.

Student travellers:

Faculty Advisor Signature: _____

Print Name: _____ **Date:** _____

Faculty, staff, and volunteers traveling for a UoA business purpose:

Department Head Signature: _____

Print Name: _____ **Date:** _____