

#### APPROVAL rISK aSSESSMENT FOR INTERNATIONAL TRAVEL INVOLVING STUDENTS

By completing this form, you are demonstrating that the appropriate risk mitigation steps are being taken. You will be required to visit the Global Affairs Canada at <https://travel.gc.ca/travelling/advisories> in order to complete this form.

After completing and signing this form, please submit it directly to the Approval Authority (Dean, Director, or their designate) for your Faculty/School or Department in order to receive approval for the international activity.

|  |  |
| --- | --- |
| **Faculty/Department/Unit/Group:** Click here to enter text. | |
| **Name of International Activity/Program:** Click here to enter text. | |
| **Individual Student/Faculty or Group Leader:**  Name: Click here to enter text. Phone: Click here to enter text.  Position: Click here to enter text. Email: Click here to enter text. | |
| **Category of International Activity:**  Choose an item from the dropdown menu below.  Choose an item.  If Other, please explain: Click here to enter text. | |
| **International Activity Dates:**  Departure: Click here to enter a date. Return: Click here to enter a date. | |
| **Location** (city, country) | **GAC Travel Rating** (https://travel.gc.ca/travelling/advisories) |
| Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item. |
| **Provide a brief description of the types of activities that will be performed:** Click here to enter text. | |
| **Please outline below the potential hazards/risks which may be faced during this international activity and the steps that will be taken to mitigate the hazards/risks.** | |
| **Potential Hazards/Risks** | **Risk Mitigation** |
| Location:Click here to enter text. | Click here to enter text. |
| International Travel: Click here to enter text. | Click here to enter text. |
| Adverse Weather: Click here to enter text. | Click here to enter text. |
| Physical: Click here to enter text. | Click here to enter text. |
| Biological: Click here to enter text. | Click here to enter text. |
| Other: Click here to enter text. |  |

**Note:** Per the International Travel and Safety Policy the College will not sanction travel by students participating in international activities in Extreme Risk or High Risk countries or regions, except in exceptional circumstances.

|  |
| --- |
| **To be completed by the travelling Individual Student, or if travelling as part of a faculty/staff led group, the Faculty/Staff Group Leader:**  **I have reviewed the International Travel and Safety Policy and understand my responsibilities, as the group leader/student, and the requirements of all students participating in College approved international activities.**  **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Position** (please circle)**:**  Student  Staff/Faculty (please indicate title):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **To be completed by the Approval Authority (Dean/Director/Designate):**  **I have reviewed and approve the Risk Assessment.**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |