**This form has been prepared with reference to the University of Edinburgh’s Business Travel webpage and should be completed whether you are leaving the UK or not. All students should consult this webpage before completing the following form:** [**http://www.ed.ac.uk/staff/business-travel**](http://www.ed.ac.uk/staff/business-travel)

**If you are planning on visiting multiple locations you should complete a form for each location.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Matriculation Number |  |
| Travel to (location) |  |
| From (dates) |  | to |  |
| Address whilst away*(you MUST update your MyEd record with these details upon arrival)* |  |
| Mobile number |  |
| Passport number |  |
| Nationality |  |

With regard to my travel to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of country) to undertake

*(List details of what you will be doing whilst away here:):*

|  |  |
| --- | --- |
| **Please read the following statements carefully and tick the boxes before submitting.** | **Tick here** |
| I researched and have planned my own study away, and am aware that it is my responsibility to ensure that I have a safe trip. |  |
| I have identified the potential risks that I may encounter, which may include exposure to sun, insects, disease, issues with drinking water, personal security, taking account of local customs and practices, raising concerns with the School while away etc., and I will take steps to address these while away. |  |
| I know whether a visa is required to travel to my chosen destination and how to obtain one if necessary. |  |
| I possess a passport which will be valid for the duration of my period of study away (if required). |  |
| I am aware of any potential impact that this may have on my student visa (if applicable).  |  |
| I have completed the HCA Travel Approval and Risk Assessment form to ensure travel insurance is in place, and have sent to this the Graduate School Office (GradSchool.HCA@ed.ac.uk) as applicable. |  |
| I have researched my destination and am aware of any factors relevant to my health that may be required, including inoculations, and will arrange for sufficient medication for the duration of my period of study away as applicable. |  |
| I know how to contact the University of Edinburgh in case of emergency. <http://www.ed.ac.uk/contacts/emergency>  |  |
| I have informed my next of kin as to my destination, and the duration of my time away. |  |
| I have updated my student record via MyEd with my contact information and semester address. I also agree that should these details change through my time away, I will update my record immediately. <https://www.ed.ac.uk/student-systems/support-guidance/students/change-your-student-record>  |  |
| I will remain a matriculated student and will act as an ambassador for the University of Edinburgh while away by conducting myself in a responsible manner appropriate to my destination, including abiding by local laws. |  |
| I have researched the social, political and cultural environment of my destination, and know it is my responsibility to act in accordance therewith. |  |

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| **Please read the following statements carefully and tick the boxes before submitting.** | **Tick here** |
| I recognise that I am still a registered University of Edinburgh student and the terms of the student contract still apply. Although away, I can continue to access all university services. |  |
| I have declared any disability or medical condition to the Student Disability Service so that appropriate support can be provided (where possible). I agree that host institutions or employers may not be able to provide the same level of support as recognised by the University of Edinburgh. |  |
| I will alert the University of Edinburgh to any problems which might prevent the progress or satisfactory completion of the programme; this could include personal matters or more general problems. |  |
| I understand that the nature of study or research might need to be curtailed by the University in the event of a crisis which is considered likely to put me in danger. Should the University decide that it wishes to recall students from an institution or a country, then it will communicate this decision directly to me and will provide support and information about how to proceed. |  |
| I confirm that I will regularly check my University email account for advice and in an emergency will leave when told and will either return to Edinburgh or travel to another safe country to undertake suitable alternative work to complete the requirements and obtain the credits for my degree. |  |
| I will check my student email account regularly and will respond to University of Edinburgh requests for information by the deadlines specified. |  |
| I accept that the alternative study or research arrangements then made by my School could last longer than the original plan (to compensate for lost opportunities during the crisis). |  |
| I accept that if I do not adhere to the instruction to recall me from an institution or country, the University may take the decision not to award the credit for the course of study undertaken abroad. |  |
| I accept that I will have no claim for compensation from the University for loss of credits or academic opportunity. |  |
| I also accept that the University of Edinburgh cannot be held responsible for the impact that natural disasters or other "Force Majeure Events" may have on my study experience. |  |

**Student - Confirmation**

|  |
| --- |
| I acknowledge that by signing this form, I am agreeing to all of the above statements. I confirm that the information I have provided above is true and correct. I agree that the information included on this form may be shared with relevant staff within the University of Edinburgh and my host institution (if applicable), and to inform the School of History, Classics and Archaeology, University of Edinburgh if any of the above information changes. I hereby indemnify the University against any and all losses, liabilities, damages, costs (including but not limited to legal fees) and expenses suffered or incurred by the University arising out of or in connection with my participation in my study away.**Student signature: Date:****Student full name (please print):** |

**School of History, Classics and Archaeology – Confirmation**

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| --- |
| The School of History, Classics and Archaeology acknowledges that it has a duty of care towards its students, and that considering the risks of going abroad is a shared responsibility. The School is satisfied that the student’s study/work away plans have been approved by an appropriate member of staff, and that it has fulfilled its obligations in preparing the student for the period away.**HCA Staff Signature:** **Name and position (print):****Date:**  |