

## University of ----- PART A – to be completed by the Student

Student ID	Name or ID			
Project Title	The subject of the project, or question for investigation			
Project Type	E.g. International healthcare placement, UK healthcare placement, laboratory, law court, University, desk based etc.			
Learning objective(s)	Personal objective(s) Professional objective(s)			
Project Location	Address (include supervisor details)			
General Risks		Yes	No	N/A
1	Your Personal Vaccination Record (PVR) has been issued, is valid and at the time of your elective all of your recommended immunisations will have been carried out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	You have fully explored your possible exposure to the risk of infection with blood borne viruses and understand that if you undertake procedures which may expose you to the risk of infection you should do so with extreme caution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	You have considered the risks of accident or exposure to other infections during any itinerary or activity you have planned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	You have discussed the implications and risks of your elective project with an appropriately qualified person (e.g. Supervisor, doctor).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	You will report any illnesses, serious accidents/injury, or changes in your health to the Programme immediately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Where applicable, you have obtained advice from your doctor on carrying medicines, intravenous equipment and other medical and surgical supplies which you may need for your own care in the event of accident or illness while abroad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	You understand that you must acquire the appropriate immunisations, anti-malarial chemoprophylaxis and will be required to carry anti-retroviral packs if going to areas with a high risk of HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	You have checked the Foreign Office travel advice for the country you are visiting ( <a href="https://www.gov.uk/foreign-travel-advice">https://www.gov.uk/foreign-travel-advice</a> ) as well as the National Travel Health Network and Centre ( <a href="https://www.travelhealthpro.org.uk">https://www.travelhealthpro.org.uk</a> ) for specific details of vaccine preventable risks and additional risks for each country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	You have checked the visa entry and health requirements for the country you are visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	You are aware that in an emergency you can contact the nearest British Embassy, High Commission or Consulate ( <a href="https://www.gov.uk/government/world/organisations">https://www.gov.uk/government/world/organisations</a> ) and that you have knowledge of the whereabouts of the British Diplomatic Service in the host country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	You have an up-to-date/valid passport for your travels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	You are aware of any visa requirements that may be required for you to undertake your elective in your host country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	If you are travelling outside of the UK for your elective then you <b>must</b> check insurance and indemnity. UNIVERSITY ADD LINKS AS RELEVANT Please confirm you will take out insurance before you travel.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14	Do you have an ongoing physical or mental health condition? <b>If you answer Yes, please complete the Welfare section below. If you answered No then you can leave this Welfare section blank.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welfare Section		Yes	No	
W1	Have you at any time during your studies discussed a physical or mental health condition with a Wellbeing Tutor or a member of Student Services?	<input type="checkbox"/>	<input type="checkbox"/>	
W2	Do you know how to access local and emergency healthcare when you are on your elective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W3	Do you take regular medication for your condition (or need adjustments)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W4	If yes, do you know how you would be able to obtain a repeat prescription, or who to talk to, when you are on your elective, should need arise?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Personal Risk Assessment</b> All students must complete this section (add/delete rows as required). List the health hazards that you may encounter and give the measures/action that you will take to counter or combat these health hazards. Hazard 1 has been part prepopulated for you to record your desk based backup.				
No	Hazard	Measures/Action		Check
	<b>NB the list below is an example only. Students are NOT given this list – we encourage them to do their own research The list is an illustration and for use by supervisors.</b>			
1	Pandemics can cause major disruption to elective plans. Please state your back-up plan (e.g. desk or other safe work), should you be affected.	Student to add considerations and mitigations in this column boxes 1-14		
2	Communicable diseases.			
3	Vaccinations.			
4	Location safety - criminal activity, road conditions, risks associated with an unfamiliar place.			
5	Student Visa.			
6	PPE.			
	Local customs, religion, and laws.			
7	Location specific disease (air, water, insect e.g.)			
8	Risk activities specific to your experience (e.g. working at altitude, on water, in prison, etc).			
9	Emotional risk - exposure to upsetting scenarios, homesickness, e.g.			
10	Working within (safe) limitations.			
11	Discrimination.			
12	Research ethics, and permissions /approvals.			

13	Natural disaster, climate and wildlife		
14	Communication factors, e.g. language barriers and social media.		
15 onwards	<b>NB The list is not exhaustive. Students are expected to generate their own risk categories before the supervisor refers to 1-15.</b>		
In the box below please give details of the methods, mechanism and frequency with which you will remain in communication with the University/parent/guardian/other during your elective. Please provide your contact details and an emergency contact for the duration of your Elective.			
Student to add.			

## PART B – to be completed by the University Lead/Supervisor

(Please tick right "check" column boxes 1-14 above to confirm agreement with the student's planning)

Health and Safety					
Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The project, as discussed with the student and laid out in the protocol, will <b>not</b> expose the student to undue risk from blood products that may be contaminated by HIV or other infectious agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The project, as discussed with the student and with reference to the Foreign Office travel website, is being undertaken in a politically stable location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feasibility		
Question	Yes	No
Will the project involve more than one centre (and if yes is this justified)?	<input type="checkbox"/>	<input type="checkbox"/>
As far as you able to judge, will the project be completed during the time allocated for the Elective?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student identified suitable methodologies and considered how learning objectives will be met?	<input type="checkbox"/>	<input type="checkbox"/>

Other Concerns

Are there any other issues regarding health or safety? If so, please define in the box provided.	
Are there any recommendations that you would like to be fed back to the student? If so, please provide details.	

**Sign Off**

If it is not possible to meet in person, an electronic or typed signature in the box below is acceptable.

Home Supervisor Name	
Home Supervisor Job Title	
Signature	
Date	