

COVID-19 Travel Approval – Supplementary Document

It is a University requirement that this form is completed and attached to your Study Away form before you submit it for approval.

Prior to completing this document, you should have discussed the content below with your supervisor.

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| Traveller Name: | Click or tap here to enter text. |
| Dates of Proposed Travel: | Click or tap here to enter text. |
| Personal leave with Trip: | No days: 0 Country/City: List Country/City |

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| --- | --- | --- | --- | --- |
| Briefly outline the reason/s for your proposed travel. What are the benefits, risks, and costs to both yourself and the University and its operations? | | | | |
| Click or tap here to enter text. | | | | |
| What is your contingency plan if your return home is delayed? Please include details of who will cover any additional costs incurred and how you will manage your work/research commitments (eg will you be able to work on your research remotely or will you need to take leave). | | | | |
| Click or tap here to enter text. | | | | |
| I confirm that I have discussed my travel request with my supervisor and that where the University is covering the costs of my travel, my Business Unit’s Cost Centre or WBS has the funds to cover the cost of the contingency plan and other unforeseen COVID-19 related costs. | | | | |
| Traveller Name: | Click or tap here to enter text. |  | Date: | Click or tap here to enter text. |