

**TEMPORARY APPLICATION FORM FOR INTERNATIONAL BUSINESS TRIP – CODE RED**

**following the Executive Board decision of 18 May 2021**

Dear traveller,
After consulting your manager, please complete this form electronically and then print it out and sign it. You should then scan it and ask your manager, if he/she approves the trip, to email it to the secretarial office of the Faculty Board or the Expertise Centre.

Secretarial staff:
The request must be assessed by the Faculty Board member(s) or the Director of the Expertise Centre. If the Faculty Board member or Director approves the request, he/she will sign the form, which you should then email to travelrequest@sea.leidenuniv.nl.

After assessing the request, the International Incident Team (IIT) will send the form back to the faculty, after which the secretarial office can book the trip via Uniglobe.

**TO BE COMPLETED BY THE TRAVELLER**

*Personal details*

Last name : First name(s) :

Date of birth :

Faculty or EC : Institute or department :

*Destination*

Country : City and region :

Departure date : Return date :

Flight details on departure date :

Flight details on return date :

Description of research/reason for travel, including explanation of why the trip must take place now.

*Other information requested from the traveller*

Address where you will stay :

Mobile phone number (incl. country code) :

Contact details of contact abroad :

Contact details of contact at the University :

Contact details of next-of-kin :

Registered with Embassy : YES / NO

Read the [Min. of Foreign Affairs travel advice](https://www.nederlandwereldwijd.nl/reizen/reisadviezen) : YES / NO

Registered for the [Chubb Travel App](https://www.medewerkers.universiteitleiden.nl/po/sociale-zekerheid-en-verzekering/collectieve-verzekeringen/dienstreisverzekering/bestuursbureau-expertisecentra?cf=bestuursbureau-expertisecentra) : YES / NO

Aware of the [insurer’s 24/7 assistance number](https://www.medewerkers.universiteitleiden.nl/po/sociale-zekerheid-en-verzekering/collectieve-verzekeringen/dienstreisverzekering/bestuursbureau-expertisecentra?cf=bestuursbureau-expertisecentra) : YES / NO

3-day safety training course completed : YES / NO

 If YES: where course was taken :

 Date when course was completed :

**Please send a copy of the 3-day safety training course certificate with the application form**

If you have not completed a safety training course, or if it is more than five years since you completed one, you are required to complete a 3-day safety training course.

Training course booked : YES / NO

 If YES: when :

SAP number to which costs are charged :

In your own words, describe the most likely risks and the measures you will take as a traveller to prevent them from occurring as far as possible. Examples include theft, robbery, carjacking, illness, hospitalisation, food safety, harassment, landmines or other risks. Risks relate to the location where you intend to travel and to your personal profile.

Risks :

Measures :

Name of manager :

Manager’s telephone number :

*By submitting this form to the Faculty Board or Expertise Centre management, the manager indicates his/her approval.*

By signing this form, the traveller declares that he/she is aware of the guidelines relating to business trips, the insurer’s assistance number and the obligation to have the Chubb Travel App installed for the duration of the trip. The traveller also undertakes, where applicable, to observe and comply with the conditions for the business trip imposed by or on behalf of the Executive Board.

The traveller declares that he/she is responsible for keeping up-to-date with the latest travel advice of the Dutch Ministry of Foreign Affairs, and for reporting this to the manager if the level of the colour code is raised.

The traveller declares that he/she has considered whether the trip is necessary, taking account of sustainability goals, and whether the purpose could be achieved in a different way.

Name of traveller :

Traveller’s signature :

**TO BE COMPLETED BY THE FACULTY BOARD OR EXPERTISE CENTRE MANAGEMENT**

*Decision of Faculty Board, Expertise Centre management or coordinator*

Approved: YES / NO

If conditions are attached to the approval, please state them here:

Name of Faculty Board member or Director :

Signature :

**TO BE COMPLETED BY THE INTERNATIONAL INCIDENT TEAM**

IIT’s advice to the Executive Board:

Trip approved by IIT : YES / NO

Approval of the Executive Board obtained : YES / NO

Date of approval :