# Studying/Working Away from the Department of Chemistry: Risk Assessment

You need to complete this form:

* before applying for Leave to Work Away if you are going to be away from the University for more than 2 weeks.
* if your Supervisor has advised you to complete one for a shorter trip for which Leave to Work Away is not required.

Once completed, please either take this form to the Graduate Student Co-ordinator (Room 145B) or email a scanned copy ([rmm73@cam.ac.uk](mailto:rmm73@cam.ac.uk)). *If you have applied for Leave to Work Away, the Department will not be able to approve your application until it has a copy of this form in your file.*

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| **Your name:** |  | |
| **Your Supervisor:** |  | |
| **Your contact details while you will be studying/working away from the Department:** | Postal address: | |
| E-mail address: | |
| Telephone number(s): | |
| **Details of the place where will you be studying/working:** | Company/institution name: | |
| Postal address: | |
| Telephone number: | |
| **Dates of studying/working away:** | Start date: | Finish date: |
| **Please give details of how you will travel to/from and during your time away:** |  | |
| **Does the institution you will be working with provide in-house professional health and safety advice?**  **If so, please attach a copy of any relevant documents to this form if possible.** | Yes/No (please delete as appropriate)  Please provide further information here if relevant to risk: | |
| **Are there any other potential risks associated with working in your intended location which need to be taken into account, e.g. extreme weather conditions predicted?** | Yes/No (please delete as appropriate)  If ‘yes’, please provide further information here and what precautions will be taken: | |
| **Do you have any medical conditions and/or disabilities which the company/institute need to be aware of?** | Yes/No (please delete as appropriate)  If ‘yes’, have the company/institution agreed to support your needs? | |
| **If you will be away for more than three weeks, please indicate how you intend to keep the Department regularly updated about your well-being:** |  | |

**Please note:** if you will be working outside the UK, you should take out University Travel Insurance to cover the period of your working away. This is free of charge to registered students and may be applied for here:

http://www.admin.cam.ac.uk/offices/insurance/travel/students/bgs/apply/

Once complete, please sign and date below.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

You should now review the form with your Supervisor and Dr Richard Turner (Department Safety Officer).

I can confirm that I have discussed the contents of this form with the above named student:

|  |  |
| --- | --- |
| **Signature of Supervisor:** |  |
| **Date:** |  |
| **Signature of Department Safety Officer:** |  |
| **Date:** |  |