**Individual Security Assessment & Travel Risk Management Plan for High Risk Travel**

**Instructions**

1. Complete questions below and attach any requested or helpful documents.
2. For any questions that do not apply to your trip, please write N/A.
3. Submit to Jaime Signoracci at [jsignora@nd.edu](mailto:jsignora@nd.edu).
4. Wait for Travel Review Committee (TRC) decision via email.

**General Information**

Applicant Name:

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Sponsoring ND Program (including possible funding source) and School (*if applicable*):

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ND Administrative Contact (*if applicable*): *List the name, email, and phone number.*

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ND Program Director Contact (*if applicable*): *List the name, email, and phone number.*

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**Trip Information**

Accompanying ND Participants: *Provide any names of accompanying ND faculty/staff/student travelers.*

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Accompanying ND Faculty/Staff Responsibilities and Local Expertise (*if applicable*):

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Destination City(s)/Country(s):

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Trip Start Date:

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Trip End Date:

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Itinerary: *List the country(s), city(s), and arrival and departure date(s) for each destination.*

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Purpose:

*Briefly explain the academic relevance and purpose of the program****. Please include specific reasons for engaging in this project at this destination at this time and explain in detail why the desired academic, faith-based, or service outcomes can only be accomplished by traveling to the high-risk destinations****.*

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Activities:

*Briefly explain an overview of planned activities of the program during the trip.*

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Previous Travel Experience:

*List previous international travel destinations including estimated time spent in each location, especially in the destinations listed on this itinerary.*

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Language Barriers:

*If your host country(s) is not primarily English-speaking, describe how language barriers will be addressed (level of language proficiency of participant/s, accompanying translator, local contact or guide, etc.).*

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**In-Country Partner Information**

*If you are using an in- country partner(s), host organization(s), and/or placement agency(s) that will facilitate your trip, please list all for each below.*

Name:

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Website:

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To your knowledge, has this in-country partner(s), host organization(s), and/or placement agency(s) been used in the past two years by Notre Dame? If so, please explain.

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Mission & Scope of Work:

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Safety & Security Policy:

*If available, attach document to Plan for review by ITRC.*

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Site Address & Contact Information:

*List the address, email, and phone number (include country and city code).*

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Site Supervisor Name:

*List the name, email, and phone number (include country and city code).*

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Site Emergency Contact Information: *(Include country and city code)*

*This should be a member of the partner organization that a participant or Notre Dame can contact in the event of an emergency 24/7.*

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Site Personnel Overview:

*Describe the staff that will be at the site (number of personnel on site per student, skills overview, etc.)*

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Site Communication Plan:

*Describe the site’s communication plan in the event of an emergency (how they will contact your emergency contact, Notre Dame, and/or U.S. Embassy in the event of an emergency)?*

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Site Support Resources:

*Describe on­site health, safety, and security support resources and services that are provided by the on­site host or others (on­site orientations, familiarization of area, accompaniment of staff, after hours’ emergency support, first aid kit on-site, nearby clinic, evacuation services, emergency protocols, etc.)*

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Is there a curfew for student participants on-site?

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Is alcohol accessible for consumption by student participants on-site?

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In your opinion, is the partner responsive, reliable, and experienced?

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**Logistics & Communications Plans**

Accommodation Plan Overview, Address & Contact Information:

*List an accommodation for each city on your travel itinerary, including in transit cities. For each entry, list the accommodation name, address, anticipated arrival date, and phone # (include country and city code).*

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Accommodation Risk Assessment:

*Provide a brief overview of each of your accommodations, including how they were chosen and/or vetted for safety and security.*

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Provisions:

*Describe your plan for meals (including potable water) throughout the duration of your trip.*

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Transportation Plan Overview & Contact Information:

*Describe the inter­city and intra­city transportation methods for each location on your itinerary, including transportation to/from airport, to/from the work or study site.*

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Transportation Risk Assessment:

*Please provide information on specific risks of ground transportation (safety on highways, travel on mountainous roads, night travel, public transportation concerns, etc.) and describe the mitigation strategies you will employ. Consider the following resources to identify ground transportation risks:* [*US State Department Travel Warnings and Country Profiles*](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/) *and foreign government travel information and advice from the* [*United Kingdom*](https://www.gov.uk/foreign-travel-advice)*,* [*Australia*](https://smartraveller.gov.au/Pages/default.aspx)*,* [*Canada*](https://www.international.gc.ca/gac-amc/index.aspx?lang=eng)*,* [*France*](https://www.diplomatie.gouv.fr/fr/conseils-aux-voyageurs/)*,* [*Germany*](https://www.auswaertiges-amt.de/en/aussenpolitik/laenderinformationen)*, and* [*Spain*](http://www.exteriores.gob.es/Portal/en/Paginas/inicio.aspx)*.*

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Your Local Contact Information:

*How can Notre Dame reach you in the event of an emergency (cell phone, email, satellite phone, and/or social media)? If the number is available at this time, please provide the phone number (include country code and city code). If not, please describe how and when you will obtain a working cell phone to use during your trip. Please note that the safety plan will need to be updated with your local phone number once available. List any other ways in which you can be reached, such as social media (WhatsApp, Viber, WeChat, Facebook name, Twitter name, etc.). Will you have regular access to email communication?*

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Emergency Contact:

*Please list the name your emergency contact who will remain in the US and provide their contact information (cell phone number and email). Describe your plan for communicating with them. Please note contact should include a minimum of one check-in when you arrive on-site, at least one check-in communication during the program, and one check-in when you depart the site. If you anticipate being away from regular email or phone contact, please describe how you will overcome such challenges.*

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Local & Breaking News:

*What is your plan to stay abreast of local and breaking news during your trip?*

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**Safety & Security**

Safety & Security Assessment of U.S. Department of State & Other Government Resources:

*Summarize the safety and security threats noted by the following resources:* [*US State Department Travel Warnings and Country Profiles*](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/) *and foreign government travel information and advice from the* [*United Kingdom*](https://www.gov.uk/foreign-travel-advice)*,* [*Australia*](https://smartraveller.gov.au/Pages/default.aspx)*,* [*Canada*](https://www.international.gc.ca/gac-amc/index.aspx?lang=eng)*,* [*France*](https://www.diplomatie.gouv.fr/fr/conseils-aux-voyageurs/)*,* [*Germany*](https://www.auswaertiges-amt.de/en/aussenpolitik/laenderinformationen)*, and* [*Spain*](http://www.exteriores.gob.es/Portal/en/Paginas/inicio.aspx)*.*

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Personal Safety Risk Assessment:

*Based on the Safety & Security Assessment from above, please describe the risk mitigation strategies you will employ for personal safety (fear of bodily harm, terrorism, violent crime, kidnapping, theft, substances, etc.). What is your response plan if impacted?*

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Harassment Risk Assessment:

*If applicable, please provide information on the risk of harassment (nationality or dual citizenship, gender inequality, race, religion, sexual orientation, etc.) and describe the mitigation strategies you will employ. What is your response plan if impacted?*

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Political Unrest Risk Assessment:

*If applicable, please provide information about possible political unrest (upcoming elections, history of demonstrations, political instability, etc.) and describe the mitigation strategies you will employ. What is your response plan if impacted?*

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Natural Disaster Risk Assessment:

*If applicable, please provide information about the risk of natural disasters (earthquakes, flooding, landslides, hurricanes, volcanoes, etc.) and describe the mitigation strategies you will employ. What is your response plan if impacted?*

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Culture & Customs

*Describe your understanding of the local culture and customs of the countries or areas in which I will be travelling. What are the major differences and challenges you will face?*

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Local Embassy/Consulate Contact Information:

*Identify the address, phone number, and 24/7 emergency phone number of nearest* [*U.S. Embassy or Consulate*](https://www.usembassy.gov/)*.*

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Local 911 Equivalent:

*Identify the city/country* [*911 Emergency Number Equivalent*](https://travel.state.gov/content/dam/students-abroad/pdfs/911_ABROAD.pdf) *for emergency support.*

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**Health & Medical**

Pre-Travel Health Check:

*Do you plan to visit a medical practitioner before travel?* *We strongly advise visiting your doctor before travel if you have routine or chronic health conditions - especially those with lengthy stays, traveling to remote areas or developing countries, seeing physicians regularly, or on prescription medications. Consider making an appointment* [*UHS*](https://uhs.nd.edu/) *for a pre-travel health check.*

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Vaccinations:

*Consult the* [*CDC*](https://wwwnc.cdc.gov/travel/)*'s requirements and recommendations for vaccinations for each destination on your itinerary and list them below. Please note that* [*UHS*](https://uhs.nd.edu/services/travel-consultation/) *can provide vaccinations and recommendations for travelers.*

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Health & Wellness Plan:

*Please provide information on proactive ways you will maintain a healthy and balanced lifestyle, including your mental health and general wellness, during travel.*

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Health Risk Assessment:

*Please provide information on health risks (immunizations needed, diseases, water quality, food hygiene, medical access and quality, etc.), and describe the mitigation strategies you will employ. What is your response plan if impacted?*

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Nearest Medical Facility(s):

*Identify the nearest GeoBlue medical facility to your work and/or living site. Contact* [*jsignora@nd.edu*](mailto:jsignora@nd.edu) *if you are unable to log in to GeoBlue. \*You will not be able to log in until you have purchased GeoBlue.*

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Other Medical Facility(s):

*If the nearest GeoBlue medical facility is more than an hour away from your work and/or living site(s), list the name, address, and contact information of the nearest medical facility to the site(s):*

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**Other Risk Assessments**

High Risk Activities:

*If applicable, please provide information about risks associated with any known or planned activities (use of power tools, engaging in construction type activities, using farm implements, operating heavy machinery; handling of bio-hazardous materials (e.g. blood products, bodily fluids, etc.; working in a lab without a lab safety course available); operation of a motorized vehicle; visiting an area known for high risks: refugee camps, areas of known disease like garbage dumps, high risk mosquito related disease areas, highly contagious disease areas, etc.). Will you receive training before or on-arrival for these activities?*

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Miscellaneous:

*If there are other risks associated with this trip (project involves working with human subjects, projects or research topics that are politically sensitive or contentious among the host culture, photographing people, interviewing individuals in their homes, using expensive equipment, etc.), please describe these risks and the mitigation strategies you will employ.*

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