

## MAYNOOTH UNIVERSITY STAFF EMERGENCY FILE

**Please complete all sections in BLOCK CAPITALS.**

<b>PERSONAL DETAILS:</b>			
Mr/Mrs/Ms	First Name:	Middle Name:	Surname:
Preferred First Name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Home Address: (in Ireland)			
Address abroad, if known			
Mobile Phone No:	MU Email Address:	Personal Email:	
Head of Department or Supervisor:	Name:	Department:	

<b>PASSPORT DETAILS:</b>		
Name: (as on passport)	Passport Number:	Expiry Date:
Nationality:	Country of Birth:	Country of Citizenship:

<b>ACADEMIC DETAILS: DETAILS OF RESEARCH / ACTIVITIES PLANNED</b>

<b>EMERGENCY CONTACT:</b>	
Person to be notified in event of emergency:	<p>Name:</p> <p>Address:</p> <p>Phone No:</p> <p>Mobile:</p> <p>Email:</p>

MEDICAL HISTORY/SPECIAL MEDICAL REQUIREMENTS:		
Name and address of your Doctor:		
Phone Number:		
	<input checked="" type="checkbox"/> Yes or No	<b>DETAILS</b>
<b>Are you generally in good physical condition</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you any serious medical conditions? e.g. Heart condition, diabetes, asthma, eating disorders.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there any additional health information which you feel would be helpful to the University while you are abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

HEALTH INSURANCE		
Europe		
<b>European Health Insurance Card (E111)</b> If you are travelling to Europe it is strongly recommended that you obtain an European Health Insurance Card.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Card number:  Date of Expiry:
Do you have Personal Health Insurance? It is a Visa requirement when travelling to certain countries e.g. Canada, China, USA and Australia.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If you have health insurance and are travelling abroad for a prolonged period it is recommended that you advise your health insurer to ensure cover.</b>		
<b>Health insurance is a matter for the individual. The University would strongly recommend that you obtain it.</b>		

## RISK EVALUATION

**NAME:**

**COUNTRY OF DESTINATION:**

Risk (High/Medium/Low)	(Y/N)	Control Measures	Action taken
		<b>Staff and PostGrads have a responsibility to:</b>	
You must obtain advice from the Department of Foreign Affairs on travelling to this country. Please print out this information and attach it to this form. It is strongly recommended that you log your travel with the Department of Foreign Affairs.	Yes <input type="checkbox"/>	Check advice from the Department of Foreign Affairs on the country to which you plan to travel. <a href="http://www.dfa.ie/travel/know-before-you-go">www.dfa.ie/travel/know-before-you-go</a> If there are restrictions you must get permission from the University Health & Safety Office.	
Loss/Theft of Passport		Keep a photocopy of your passport in a safe place. Report loss to local police. Know how to contact local Irish Embassy/Consulate.	
Are there any security or safety concerns where the University is located?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify if there are security or safety issues in the location of the university. List areas of concern.	
Are there any particular vaccinations required? E.g. yellow fever, hepatitis A/B, typhoid, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify the necessary vaccinations required. Ensure an adequate lead-time to obtain vaccinations. See <a href="http://tmb.ie">tmb.ie</a> (Tropical Medical Bureau).	
Are the local medical facilities to an acceptable standard?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify the nearest hospital or town where medical facilities are available.	
Are there environmental issues to be considered? e.g. unsafe water, sanitary facilities, extremes of heat.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify potential environmental issues.	
Are there issues with Flora/Fauna e.g Snakes, spiders, mosquitoes, dogs, poisonous plants?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify potential dangers of local flora and fauna.	
Are you aware of local cultural customs and practices?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify and be aware of any specific local cultural customs and practices.	
Are you aware of local laws in relation to alcohol and illegal drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify and be aware of any specific local laws in relation to the consumption of alcohol and illegal drugs.	

ACCOMMODATION			
Risk (High/Medium/Low)	(Y/N)	Control Measures	Action taken
Beware of unsafe, poorly located living accommodation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Prioritise obtaining accommodation</li> <li>• Liaise with local universities or contacts for advice on accommodation available in the local area</li> </ul>	

RECREATIONAL ACTIVITIES			
Risk (High/Medium/Low)	(Y/N)	Control Measures	Action taken
Socialising – being isolated, robbery, assault.		Ensure that they avoid being isolated, alone. Travel in groups, let someone know where you are going, avoid ATMs at night. Ensure everyone gets home safely. Report incidents to local police.	
Sporting and recreational activities – Risk of injury due to involvement in sport or recreational activity.		Participate in sporting/recreational activities through the University. Follow safety guidelines for all activities. High Risk Activities including skiing, bungee jumping, water sports, deep sea diving, aeronautical activities, parachuting, mountaineering, potholing are excluded under the Travel Policy.	
Do you intend to drive while abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ensure you have a valid driving licence. Ascertain whether you need an international driving licence. Be very aware of insurance when hiring a car. Be aware of small print. – collision damage waiver recommended.	

**CONDITIONS OF TRAVEL INSURANCE WITH ACE EUROPE**

Before travel you need to comply with the following statements:

1. I am not aware of any reason why my trip should be cancelled or curtailed;
2. My trip has not already started;
3. All persons to be insured are residents of the Republic of Ireland (excluding Northern Ireland);
4. No person to be insured is
  - receiving or is on a waiting list for treatment in a hospital or nursing home;
  - waiting for investigation or referral, or the results of any investigation, medical treatment or surgical procedure, for any condition, whether diagnosed or undiagnosed;
  - choosing not to take prescribed medication, or the correct dose of prescribed medicine.
  - travelling against the advice of a medically qualified doctor;
  - travelling to obtain medical, dental or cosmetic treatment;
  - travelling with a terminal condition;
  - aged 65 or over on the date the policy is bought;
5. Neither I nor any other person to be insured has been refused insurance, or had an insurer refuse to renew or impose special terms on insurance on the grounds of fraud, attempted fraud, or the provision of misleading or incomplete information with intent to defraud; convicted of, or has a prosecution pending for, any offence involving dishonesty of any kind;
6. The trip abroad will begin and end in the Republic of Ireland, and all persons to be insured will return to the Republic of Ireland, within the cover period chosen.

A summary of the University Travel Policy is on the Health & Safety Office webpage.

The information contained in this form will be held by the University Health & Safety Officer. The information will only then be used in the event of an emergency or insurance claim. The information is confidential and will only be used for the purpose it is required. This data will be confidentially destroyed on the completion of your programme abroad.

Should there be any concerns they will be discussed in confidence with the individual applicant.

I, \_\_\_\_\_, certify that all responses made on this Emergency File are true and accurate and I will notify Maynooth University of any relevant changes prior to travelling.

**Signed by:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

Date Received by Health & Safety Office

