

Student Travel Approval

- This form is to be used to approve travel for ECU STUDENTS who are travelling as part of their ECU degree.
- Authorised University Travel Policy, Six Steps to Travel and other travel-related information can be found on the Finance and Business Services
 website via https://intranet.ecu.edu.au/staff/centres/finance-and-business-services/our-services/ecu-travel

Student (Traveller)	Details						
Student No			Mobile Phone				
Family Name			ECU Emai	l		@our.ecu.edu.au	
Given Names			Schoo	l			
Emergency Contac	t (must be a	family memb	er or guardian)				
Name			Relationship)			
Phone No			Emai	l			
ECU STUDENT TRAVEL INSURANCE INFORMATION ECU's student travel insurance policy may cover ECU students who: • are travelling to participate in a study program with a duration of less than 180 days; • are part of the University of Portsmouth program and undertake 12 month exchange; and • have received approval to travel (via this ECU Student Travel Approval Form). Please note that some study programs and student travel may not be covered under the ECU student travel insurance policy. Limitations also apply on the amount of holiday/personal travel that is covered under the ECU student travel insurance policy. For further information and advice about the ECU student travel insurance policy please contact ECU Insurance at insurance@ecu.edu.au. Will research activity (e.g. field work or lab work) be conducted during the travel? Yes No If Yes, please provide the Risk Assessment and Management Number (i.e. Riskware) for this trip:							
Travel Details (provide details regarding to name of study tour/short provided to the study tour short provided to the study to the		ivity you are participa	ating in, e.g. one semeste	er exchange placen	nent at Dalhou	sie University, Canada,	or
Reason for Travel		C	Country		City		
Description of Travel 6 Expected Outcomes	&						
Proposed Itinerary							
You must include details (proposed dates and destinations) for all travel you are likely to undertake for your program, including any personal travel prior to, during or after your program. The itinerary information should be as accurate as possible. If your confirmed travel itinerary differs significantly from the proposed itinerary below (i.e. change of destinations or significant change in travel dates) your travel may need to be reapproved before your departure. PLEASE NOTE THAT THERE MAY BE ECU STUDENT TRAVEL INSURANCE IMPLICATIONS IF YOU TRAVEL TO A DESTINATION THAT HAS NOT BEEN DECLARED AND APPROVED ON THIS FORM. If there is insufficient space in the table below, please attach a separate sheet outlining your full itinerary. Departure Date Return Date Are these dates confirmed? Yes No							
FROM		TO (Destination)		Activity			
Country	City	Date	Country	City	Date	Activity at Destinat	ion





If applicable, have	you received credit	approval from your ECU	Course Coordinator for y	our proposed progra	m?	
Yes No In pro	gress Not applical	ble				
PLEASE ATTACH AN	Y EVIDENCE OF CRE	DIT APPROVAL TO THIS F	ORM			
Please note that cre form.	dit approval from you	ır ECU Course Coordinato	or is not approval to travel,	which is confirmed th	rough this Travel Approval	
Student Succes	s Advice					
		ct research activity while ting this form and prior to		e than three months	must discuss their travel with	
Travel Costs						
proposed program a	and there will be no a	dditional funds available t		funds run out. You sh	ny costs associated with your ould make sure you are able your proposed program:	
	Airfare	Accommodation	Registration/Program	Living/Incidental	Total	
			INTENDE	D CLASS OF TRAVEL		
Funding from Exter	nal Source	Yes No				
If yes, please provid	e amount of funds so	ourced externally.				
If applicable, please	indicate the relevan	t Project and Cost Centre	funding your proposed tra	vel:		
			s using their PG allowance. For the project and cost centre en		ase speak to the Research nool project code and cost centre.	
Project	Cost Centre					
Further details (if required):						
Declaration (ple	ase make sure you	read and check EACH	declaration box below)			
Links to the relevant w	ebsites are available via	https://intranet.ecu.edu.au/	staff/centres/finance-and-busi	ness-services/our-servic	es/ecu-travel	
I have read the	Authorised Universit	ty Travel Policy.				
I have made a	decision to travel of r	ny own volition.				
I accept the risks involved.						
I have read ECU's Travel Insurance information or contacted insurance@ecu.edu.au to ensure I am covered by ECU's Student Travel Insurance and I understand that, if I take more than seven (7) days total holiday travel but my entire trip does not exceed180 days, of travel, I will have to purchase my own travel insurance to cover any travel that exceeds seven (7) days of holiday travel. I understand that ECU requires a minimum level of insured benefits and I confirm that the travel insurance I purchase will meet these minimum requirements.						

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ECU reserves the right to withdraw travel approval, if the DFAT advice level changes due to adverse situations (such as natural disaster, military conflict, terrorism, virus outbreak, etc.) and it is required that you leave the location. If you do not follow DFAT advice to leave the location, insurance cover will cease, and approval will be retracted.

I confirm that I will not be participating in any dangerous or hazardous activities whilst travelling on behalf of ECU or during my holiday travel.

I understand that I am fully responsible for any costs associated with my program (including, but not limited to, travel, visa, accommodation and living expenses) and confirm that I am able to financially support myself for the duration of my program.

I understand I must provide details to the relevant ECU department of my confirmed travel itinerary, accommodation and contact information for my travel prior to my departure.

Student Visa Holders Only:

I declare that I have met with a Student Success Adviser to discuss my travel.

OR

I declare that I will not be conducting research while travelling offshore for more than three months.

I understand that ECU cannot accept responsibility for any visa decisions made by The Department of Home Affairs because of my approved travel.

Declaration - International Travel (please make sure you read and check EACH declaration box below)

I have read the applicable **DFAT** briefings.

Please indicate highest DFAT status for all destinations to which you are travelling to:

* VICE-PRESIDENT (CORPORATE SERVICES) APPROVAL WILL BE REQUIRED FOR TRAVEL TO HIGH RISK (DFAT LEVEL 2 AND 3 COUNTRIES).

I have checked and received/plan to receive the necessary inoculations (ECU's Student Health Services can assist).

I will be applying for the <u>visas</u> for destinations where required or alternatively, I am aware that this is being organized by ECU on my behalf. (Refer <u>Visa Information on the Student Portal</u>).

I understand my visa application is subject to eligibility checks and visa approval (if applicable) and that travel Insurance will not cover alterations/cancellation costs if Visa's are not approved, insufficient time has been allowed for Visa's to be approved, or you have failed to comply with Visa requirements or obligations.

I understand that I must behave in an appropriate manner, respect the laws, customs and culture of the host country and uphold the ECU values and Student Charter for the duration of my travel.

I am an Australian Citizen or Permanent Resident and understand that it is my responsibility to subscribe to <u>Smartraveller</u> alerts with DFAT prior to departure and/or register with <u>AIG Travel Assistance Australia</u> who provide up-to-date information on any country to which you are traveling, including email alerts..

<u>OR</u>

I am not an Australian Citizen or Permanent Resident and understand that it is my responsibility to register with my home country local authority prior to departure.

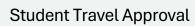
I have/will have a valid passport with appropriate minimum term of validity for travel for the country / countries to which I intend travelling (Minimum 6 months validity based on the RETURN date of your travel). Refer to Smartraveller for more information

Centrelink-assisted Students Only:

I understand it is my responsibility to contact Centrelink to enquire about continuing my student assistance payments during my overseas study.

I require a supporting letter for Centrelink detailing my overseas study. Centrelink CRN:______

Traveller Signature		
Student (Traveller) Signature E-signature is acceptable *Printed/typed name is not acceptable*	Date	





Office Use Only	У					
ATTACH A COPY OF	THE PROGRAM, WHERE APPLICABLE					
	THIS APPROVED FORM TO: IN PERSON TO THE STUDENT HUB					
Approval – Res	earch Supervisor					
Name:		Signature:				
Date						
Date:			E-signature is acceptable			
Approval – Domestic and International Low Risk Travel (DFAT Advice Levels 1) OR						
	-International High Risk Travel (DFAT Advic-					
Executive Dean/	Dean/or delegate as per HR (Travel) Delegat	ions:				
Name:		Signature:				
Date:						
Date.			E-signature is acceptable			
Approval – International High Risk Travel, (DFAT Advice Levels 2 and 3)						
Vice-President (Corporate Services)						
Name:		Signature:				
Date:						
			E-signature is acceptable			

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