**Questionnaire for approval of request for travelling to risk area Yellow for Employees**

The travel policy of Wageningen University & Research states that travelling to risk areas is only allowed with the approval of the employer\*.
Please send this form to the contact person of your unit/science group no later than two weeks before the scheduled departure date. You can find your contact person and proces schema [here](http://www.intranet.wur.nl/juistepagina).

Please note: if you are travelling with WUR colleagues, the questionnaire must be filled out by every person separately.

**I Destination and travel advice**

|  |  |
| --- | --- |
| Country and location (city/area) of your travel. |  |
| Show the [travel advice](https://www.nederlandwereldwijd.nl/reizen/reisadviezen) of the Dutch Ministry of Foreign Affairs: add a screenshot of the advice (in color) and indicate your travel destination on the map.  |  |
| Period of your stay (departure date and return date) |  |
| Type of activities/brief description of your stay and the research location(s): what, when, where? |  |
| Describe your travel plan including flight numbers, flight dates, address(es) of all accommodation(s) to stay.  |  |
| Are you being picked up from the airport to go to your first accommodation? |  |
| Who is to consult for advice about travelling in the area? Who may accompany you in the area? |  |

**II Traveller’s personal data**

|  |  |
| --- | --- |
| Surname |  |
| Given name(s) |  |
| Date of birth |  |
| WUR supervisor  |  |
| Sciences group and chair group |  |
| Nationality (-ties) |  |
| **Passport :** |  |
| Number |  |
|  Date of expiry |  |
|  Phone number(s)  |  |
| **Warn in case of emergency (1):** |  |
|  Relation to traveller |  |
|  E-mail address |  |
|  Phone number(s)  |  |
| **Warn in case of emergency (2):** |  |
|  Relation to traveller |  |
| E-mail address |  |
| Address |  |
| Phone number(s) |  |
| **In case a colleague of WUR travels with you, please mention the person’s name**  |  |
| **Are you well insured during your trip and stay? Are you aware of WUR(additional) insurances?**  |  |
| **Person(s) for the WUR to contact in the area in case you are out of reach:** |  |
|  Name(s) |  |
|  Relation to traveller |  |
|  Phone number(s) |  |

**III Health and safety aspects**

|  |  |
| --- | --- |
| Did you pursue the [Basic Safety and Security Course](https://www.wur.nl/nl/artikel/Course-basic-safety-security-.htm)? If yes, when? NB this is not mandotary for travelling to a code Yellow area, but strongly advised. |  |
| Describe the health risks mentioned on [the GGD website](http://www.ggdreisvaccinaties.nl/). What are the recommended vaccinations? Describe other prevention measures you could take.  |  |
| Elaborate on how to avoid health risks during your stay. |  |
| Elaborate on how to aivoid safety risks during your stay. |  |
| Describe the possibilities for first AID in the area? Availability of hospitals? Embassy’s information on this? |  |
| Describe how will you get and kept informed about possible tensions and danger during your stay. |  |
| Indicate which of the following actions you have taken:* For Dutch travelers: confirm your awareness of the [24/7 BZ Informatieservice](https://informatieservice.nederlandwereldwijd.nl/).
* For non Dutch travelers: confirm that you will contact your ambassy/consulate as soon as you arrive.
 | Yes/noYes/no |

I declare that the information above is complete and truthful, including the declaration that the traveller took or is going to take the recommended vaccination(s):

|  |  |
| --- | --- |
| Name & signature Traveller:Place & date: |  |
| Name & signature Chair holder/BU manager:Place & date: |  |
| Name & signature Director:Place & date: |  |