

Office of Graduate Research
Room 18, Registry Building Annex
Bedford Park, SA 5042
GPO Box 2100, Adelaide 5001 Australia
Website: https://students.flinders.edu.au/my-course/hdr
CRICOS Provider: 00114A

HDR Student Application for International Travel Approval Level 1 and 2 Destinations

Process for international travel applications

*From October 2022, International travel to destinations <u>Department of Foreign Affairs and Trade</u> deem as advice '<u>Level 1</u> - Exercise normal safety precautions' or '<u>Level 2</u> - Exercise a high degree of caution' can be approved by the student's Principal Supervisor (or Associate Supervisor if the Principal is unavailable).

The process for HDR students who wish to undertake international travel for research purposes:

- 1. Assess DFAT's Smartraveller destination travel advisory for the proposed country.
- 2. Discuss the proposal with your Principal Supervisor.
- 3. Download the relevant application forms
 - HDR International Travel Application for Level 1 and Level 2
 - Additional Flight Details (as required).
- 4. Submit a travel request to their Principal Supervisor for approval, including the following:
 - HDR International Travel Application
 - Evidence of completion of Confirmation of Candidature and any required ethics approval(s) if travel is for data collection
 - Other supporting documents
- 5. After approval is granted by the Principal Supervisor, flights are to be booked either through the university approved travel management company (if fully funded by the university) OR through the desired travel booking method.
- 6. Register for <u>Student Overseas Travel Insurance</u>.
- 7. For questions, please visit the Ask Flinders HDR Portal or contact your college email.

International Travel Application

Please complete this form electronically and submit by email.

Student Information	
Full Name (as it appears on Passport)	
Student ID	
Degree / Topic Code (ie PhD / MMED9999)	
College	
Thesis Title	
Flinders Email	
Principal Supervisor	
Associate Supervisor(s)	
Adjunct Supervisor (if applicable)	
AU Mobile number	
AU Semester Residential Address	
AU Home Address (if different to semester)	
Emergency Contact Details Are these up to date under the 'My Details' tab in the Student System?	Name: Relationship: Phone: Email:
Proposed Destination (City, State, Country)	
Overall Australian Government advice level for your destination (Level 1 or Level 2) (via https://www.smartraveller.gov.au/destinations)	'Level 1 Exercise normal safety precautions' (Level 2 - Exercise a high degree of caution'
In-Country Address (if known)	
In-Country Contact Number (if known)	
Passport Number	
Visas required for proposed destination. Names and numbers (if applicable)	
Proposed Travel/Medical Insurance Provider	
Proposed Travel/Medical Insurance Policy Number	

Proposed Reason for Travel Include the nature of the activity:	and how the activi	ity is essential for the success of the research and candidature.
,		,
Proposed Dates		
Departure date, time and location	1	
Return date, time and location		
Evidence of Confirmation of Co		d Ethics for data collection
Confirmation of Candidature com on date	pieteu iii iiispire	
Ethics approval received on date, confirmation letter	include ethics	
Communication rectes		
Research Details (as applicab	le)	
Institution Name		
Campus Location		
Other Research Locations		
– Labs		
Field Trips		
– Other		
In-Country Supervisor		
– Phone		
– Email		
In-Country Research Start Date		
In-Country Research End Date		

University Nominated Name of the Nominated Normally your Principal S	Contact P	erson at tl	ne University t	o initiate late return / fail to check in procedures.
Full Name				
Mobile number				
Flinders Email				
Agreed contact method and time				
Check-in Method				
	0		Charles d'a	A I'll a la a la a a a a 2 Da a a ad a a a a a a a a a a a a a a a
Date/Time check in to occur used, eg text, To Skype,		g phone, Teams,	Checked in	Any likely changes? Record any required changes in check- in or itinerary
Immediately upon arrival				
0 11 110000 1:				
College HDR Coordina				
Name of the College HDR	Coordina	tor to pro	vide back-up t	o your Principal Supervisor.
Full Name				
Mobile number				
Flinders Email				
			Travel I	tin era rv
Flight Details Proposed Date & Time	Depa	rture City,	Arrival City, F	light number (if known).
☐ Additional flight det	ails can be	e found in	Attachment C	
Travel Funding Se	elf-Funded	l 🔲 Ur	niversity Funde	ed Account Number:
Additional funding and finance information and account details				

Next-of-Kin Details							
Full Name							
Relationship to you							
Home Address							
Phone	Country		Land Line				
Thone	Code +		Mobile				
Email							
I give my authority for staff, acting in their capacity as representatives of Flinders University, to contact my next-of-kin in the event there is concern for my safety or wellbeing. I give authority for both parties to share flight and travel details, medical information, contact details, and any other information deemed necessary or helpful in ensuring my wellbeing and safety.							
Student Name							
Student ID							
Signature							
Date							
1							
Recommendation and Approvals							
100011111011da tion and Approvato							
Principal Supervisor Recommendation							
Provide justification/evidence that the travel is essential for the success of the research and candidature.							
☐ I agree to be the Nominated University Contact person and am aware of my responsibilities							
I have reviewed the documentation listed below and approve the HDR travel application.							
Evidence of completion of Confirmation of CandidatureAny ethics approval(s) if travel is for data collection							
□ A a4la:aa a	•						
☐ Any ethics a	•						
☐ Any ethics a	•						
Name of Principal	•						
	•			Τ			