

**IMPORTANT NUMBERS:**  
 Insurance Assistance: +61 2 951 429  
 DFAT: +61 2 6261 3305



**VICTORIA  
 UNIVERSITY**

**A NEW  
 SCHOOL OF  
 THOUGHT**

Victoria University  
**AUTHORITY TO TRAVEL  
 (STUDENTS)**

**PART A – AUTHORITY TO TRAVEL**

**1 PERSONAL PARTICULARS**

*	*	*	<b>9919 1471</b>	<b>9919 1009</b>
Title	Surname	Given Names	VU Phone	VU Fax
<b>STUDENT</b>				
Position	Faculty/School	Campus		

**2 PRE-TRAVEL HEALTH & OVERSEAS MEDICAL EXPENSES**

The University's **overseas travel insurance policy excludes cover** for claims arising from the following:

- Expenses incurred when travelling against medical advice, or travelling to seek medical attention or advice;
- Expenses incurred in relation to a terminal condition diagnosed prior to travel or when the person is unfit to travel;
- Expenses incurred for continuing treatment, including any medication commenced prior to travel, which the person has been advised to continue whilst travelling.

The intending Traveller

(a) needs to be mindful of the above insurance cover exclusions when considering overseas travel and the potential additional expense he/she could incur, and is strongly advised to seek medical advice if he/she has any doubts about his/her fitness to travel, or his/her medical condition, in relation to the above insurance cover exclusions, and

(b) must attach to this form a medical clearance to travel (from his/her local doctor or the Travel Doctor) if he/she has received medical advice in the last 12 months advising him/her not to travel. Intending Travellers who fail to do this will not be covered for medical expenses whilst travelling

**3 TRAVEL DETAILS**

**3A Destination(s) and Purpose of Travel (Summary of Item 4: Travel Schedule)**

Date	Country/City	Tick applicable category of travel & provide title of partner university or program
*	*	<input type="checkbox"/> <b>Exchange University partner:</b>
*	*	<input type="checkbox"/> <b>Study Tour:</b>
*	*	<input type="checkbox"/> <b>Short Program:</b>
*	*	<input type="checkbox"/> <b>Research (please specify):</b>
*	*	<input type="checkbox"/> <b>Other (please specify):</b>

Victoria University  
**TRAVEL SCHEDULE (DIARY)**  
 OUTBOUND STUDENT MOBILITY PROGRAM

Student: \* \_\_\_\_\_

VU contact: \_\_\_ VICTORIA ABROAD TEAM \_\_\_\_\_

Period: \* \_\_\_\_\_

Mobile Phone Numbers (for emergency contact only):

Student: \* \_\_\_\_\_

EMAIL: \* \_\_\_\_\_

VICTORIA ABROAD: 0419 119 345

VP (I): ANDREW HOLLOWAY

Date	Flight No.	Departure		Arrival	Destination	Appointments			Comments
		Place				Semester Start Date	Semester End date	With whom, address, contact details-phone, fax, email	
*	*				(if known at this point)				(list host university address details)

Signature of travelling student: \* \_\_\_\_\_

Date: \* / / \_\_\_\_\_

Students must complete this Travel Schedule (Diary) and attach it to their Authority to Travel application.

**5 TRAVELLER DECLARATION**

I \* \_\_\_\_\_ hereby certify that:

- I understand that the University's overseas travel insurance policy will not cover the following expenses that I incur:
  - Expenses incurred when travelling against medical advice, or travelling to seek medical attention or advice;
  - Expenses incurred in relation to a terminal condition diagnosed prior to travel or when the person is unfit to travel;
  - Expenses incurred for continuing treatment, including any medication commenced prior to travel, which the person has been advised to continue whilst travelling.
- I have read and understood the University's Travel Policy and acknowledge that the University will only pay or provide reimbursement for business related expenses and that I am liable to pay for 50% of the airfare if my private travel is deemed to be more than incidental to the University's business travel;
- The expenditure incurred relates to approved VU business travel.

Signature \* \_\_\_\_\_ Date: \* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**6 SIGNATORIES TO THIS AUTHORITY TO TRAVEL APPLICATION**

<b>OVERSEAS TRAVEL</b>	<i>* VUI staff to complete</i>	<i>* VUI staff to complete</i>	
Associate Manager, VA	-----	-----	---/---/---
Vice-President (International)	-----	-----	---/---/---

**7 TRAVEL OFFICER DETAILS (Overseas Travel Only)**

When travel bookings are completed, this form will be returned by the Office of the Pro Vice-Chancellor (International) to the Travel Officer indicated below. Please enter details:

<b>Name:</b>	Outbound Coordinator Victoria Abroad	<b>Department:</b>	VUI	<b>Campus:</b>	City Flinders
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# TRAVEL CHECKLIST

Please complete the attached checklist and attach to the Authority to Travel

No.		Done	N/A
1	<b>Authority to Travel Form</b> Approved Authority to Travel form-Part A		
2	<b>Supporting Documentation</b> ( <i>check all except 1<sup>st</sup> point</i> ) The following documents must be completed and attached to the Authority to Travel form: <ul style="list-style-type: none"> <li>▪ * Current DFAT Travel Advisory (indicating that it is safe to travel to each intended destination) (international travel only)</li> <li>▪ *Are you staying in a country at DFAT Level 3 or higher? YES / NO (Please circle as appropriate)</li> </ul> <p>Travellers staying in a foreign country at DFAT Level 3 or higher must register with DFAT. This can be done using the following link: <a href="#">Online Registration - Homepage</a></p> <ul style="list-style-type: none"> <li>▪ *This Travel Checklist, countersigned by Victoria Abroad Staff.</li> <li>▪ *Medical certificate (if applicable).</li> <li>▪ *Have you read and understood the Travel Insurance exclusions in 6.4.4.2? Please refer to Page 10 of <a href="http://wcf.vu.edu.au/GovernancePolicy/PDF/POF060531000.PDF">http://wcf.vu.edu.au/GovernancePolicy/PDF/POF060531000.PDF</a></li> </ul>		
3	Have you received the appropriate vaccinations for your travel destination (if required)?		
4	Have you confirmed that you have a current passport?		

## SIGN-OFF AND AUTHORITY

### Student

All pre-travel requirements completed

Name

Signature

Date

*(Victoria Abroad to complete)*

Checklist Sighted

Name

Signature

Date