Application No. (office use only



Department for Education and Child Development

OVERSEAS TRAVEL

INDIVIDUAL APPLICATION PACKAGE

for

(Individual's Name)
(
(School/Site Name)
(Destination)
(Destination)
•
to
(Dates)

INDIVIDUAL OVERSEAS TRAVEL APPLICATION

CHECKLIST FOR APPLICATION

To be submitted with application

	licant to tick to confirm that the following requirements have been met prior to mission to principal/line manager:
	I have read and understood the DECD Overseas Travel Policy and the Overseas Travel Procedures - Travel Involving Only Adult Travellers and this application complies with these requirements.
	The expected outcomes of the travel cannot be achieved in any other way.
	This travel application is supported by the site/school annual/business plan or other documentation e.g. invitations, letters and conference brochures.
	I have checked the DFAT website for travel advice warnings for the destinations of my travel and assessed that travel is allowed according to the DECD Overseas Travel Policy and the Overseas Travel Procedures - Travel Involving Only Adult Travellers.
	I have considered the health information about the destinations and considered immunisations and other precautions that could be taken before the trip occurs.
	The information provided in this application is true and accurate and all parts of the application form have been completed with the required details.
	licant to tick to indicate that copies of the following documents have been ched to this application:
	A <u>full travel itinerary</u> that includes details of activities for each day of the trip and contact details according to <i>Attachment 1</i> .
	A risk management plan according to Attachment 2.
	If applicable, a copy of leave approval.
	If travel is related to and has potential for commercial activities, prior endorsement to travel from the relevant International Business Manager or Director International Education (obtained through consultation with International Education Services, ph 8226 3402).
App	licant to tick to indicate their awareness of their following responsibilities:
	The applicant is responsible for ensuring that a post travel report is submitted within sixty (60) days of return to the Office for Education or their Executive Director/Deputy Chief Executive for auditing purposes.
	The applicant is responsible for providing a reconciliation of expenses for each DECD traveller where government funds (this includes school funds) are used for this travel, as part of their post travel report.
	The applicant is responsible for ensuring that any variations to travel are managed in accordance with the DECD Overseas Travel Policy and Procedures.
	The applicant is not able to travel overseas as an on-duty DECD employee without the Chief Executive's approval.

APPLICANT DECLARATION

Application on Page 2.	application to travel compiles	s with all parts of the Checklist for
Name:	Signature:_	
Date:		
AUTHORISATIONS This individual application to	o travel complies with the DI	ECD Overseas Travel Policy and
Procedures:		
Principal/Line Manager	Education Director / Director	Executive Director / Deputy Chief Executive
Name:	Name:	Name:
Title:	Title:	Title:
Signature:	Signature:	Signature:
Date:	Date:	Date:
Comments:	Comments:	Comments:
APPROVAL TO TRAVEL O	/ERSEAS ON DUTY BY THE	CHIEF EXECUTIVE
APPROVED / NOT APPROV		
APPROVED / NOT APPROV	CED	
Tony Harrison CHIEF EXECUTIVE		
Date:		

PART A

APPLICATION SUMMARY

Application Deta	ils						
GENERAL							
Applicant's Name:							
	l						
DESTINATIONS	,						
List of countries being	ng visited:			DEAT			
Country				(as per Ove	arning level rseas Travel Pol w.smarttraveller.	icy – sou gov.au)	rced from DFAT
1.							
2.							
3.							
4.							
DATES OF TRAVE	I		l.				
	_			Data of a	-4		
Date of departure:				Date of r	eturn:		
Number of days travelling:							
FOR SCHOOL STA	FF ONLY						
Number of school				Number holiday	of <u>school</u>		
days travelling:				travelling			
REASON FOR TRA							
☐ Business Develop	oment and M	larketing		□ Ir	iternational Ba	accalau	reate business
☐ Conduct of official DECD Business				☐ Teacher Exchange			
☐ Professional Development/Training			□S	cholarship			
☐ Sister School visi	t						
LEAVE IN CONJUN	NCTION WIT	H TRAVE	L				
Are you taking leave	e in conjunct	ion with yo	our tr	avel?	ΠY	es	□No
If yes:							
Leave taken from		То:					

Please attach copies of the relevant Leave Application Form/s

TOTAL COSTS OF THE TRIPThis is the total for all travellers, and should be the combined totals for all of the Part D, Estimated Costs tables, which are completed for each DECD staff member travelling.

To Applicant:	\$
To DECD for salaries:	\$
To DECD for staff replacement costs:	\$
To DECD for other costs:	\$ (eg. airfares, insurance, accommodation, conference costs etc.)
Other sources:	\$ Source of funds:
TOTAL:	\$

PART B

APPLICATION DETAILS

Applicant Details						
Name:						
Position/Title:						
Site/School:						
DECD ID number:						
ECD Local Partnership:						
Contact Phone (work):						
Contact Phone (home):						
Contact Phone (mobile): Contact Fax:						
Contact email:						
NEXT OF KIN						
Name:						
Relationship:						
Contact Phone:						
Overseas Travel Purpose and Objectives						
Explain how this overseas travel directly benefits the department.						
Explain how the purpose of this visit is linked to the department's goals and objectives. In the case of school travel, explain how this visit is linked to the school's annual plan. In the case of other sites, relevance to your site plan must be explained.						

What alternatives to overseas travel have been considered?

Explain alternatives to travel that have been considered to achieve the same purpose and objectives, and why travel is considered to be more appropriate.

Selecting Flights - (See Overseas Travel Policy, Section 5.1)

All DECD employees must book their travel through the government travel provider unless they are travelling with students.

Tickets may be tentatively booked but <u>must not be purchased</u> until the Chief Executive's approval has been obtained.

Please attach the following to this application:

- 1. Full travel itinerary and contact details. (Use template Attachment 1)
- 2. Risk Management Plan. (Use template Attachment 2).

PART C

TRAVEL HISTORY, FINANCIAL ACCOUNTABILITY AND HEALTH DECLARATION

Name:	
DECD ID no:	
School/Site:	
Email address:	

TRAVEL HISTORY

Details of previous work-related overseas travel within the <u>last three years</u>

Provide details of when each trip occurred, the destination(s), duration of visit and purpose of the visit. If there is insufficient space below, attach a separate list.

Year	Destination/s	From	То	Reason for Travel	Was a Post Travel Report filed?
					YES/NO

FINANCIAL ACCOUNTABILITY

Estimated cost of proposed travel

NAME:	Source of Funds (Please make sure columns add up to total costs)			
	Site/School Business Unit	Personal Funds	Other (Specify below) (Note 3)	TOTAL ESTIMATED COSTS
Return Airfares & Taxes				
Insurance Note1				
Accommodation				
Per Diems				
Local Transport				
Course/Conference Fee				
Salary (as calculated below) Note2				
Staff replacement (MUST specify)				
Other (specify)				
Total Expenses			_	

Note 1

If DECD is completely funding the travel (ie, no funding from parents, third party organisations or the traveller themselves) then travel insurance is covered by the South Australian Government's own insurer, SAICORP. If any part of the travel is funded from a source other than DECD, then the traveller will need to arrange private travel insurance.

Note 2

To calculate the salary amount, use the formula below:

- 1. **Calculate daily salary**: daily salary = fortnightly salary/10
- 2. **Calculate salary for the number of days overseas**: Salary for the number of days overseas = daily salary X number of days overseas
- Calculate total salary amount:
 Total salary amount = salary for the number of days overseas X 1.244

Note 3

Specify name of organisation/individual providing funds:

HEALTH DECLARATION

Name:					
Do you have any existing medical or physical conditions which could affect your safe participation in the activity you are undertaking?					
□Yes □	No				
If "Yes", please provide an accident or emergence	any relevant details, which would be required in the event of				
<u></u>					
Special conditions/Requ	irements:				
Other health risks:					
Signature:	Date:				

TRAVEL ITINERARY AND CONTACT DETAILS TEMPLATE

Traveller's Name:

Please attach a detailed itinerary, or complete the template below.

You must include the following details in date/time order:

- Date and time of departure and return, with flight details.
- Details for all **accommodation** (name, address, phone number and email address) during the time you are undertaking departmental business.
- Details of all **meetings/visits** you are undertaking as departmental business (including date and time of meeting/visit, the meeting/visit contact person, their contact details, and the address of the meeting/visit).

Date	Time	Activity	Contact Details

(additional itinerary sheets can be downloaded from the DECD intranet, SSO net or Leaders Desktop)

RISK MANAGEMENT PLAN FOR INDIVIDUAL OVERSEAS TRAVEL

Take this section and all the attachments with you on the trip.

Traveller's Name:
Contact details of Australian embassy/consulate in travel destinations:

APPLICANT'S GUIDE FOR MANAGEMENT OF SPECIFIC RISKS

Risk 1: Natural Disaster, Political Unrest or Threat to Safety

- 1. Seek travel advice from DFAT www.dfat.gov.au or the local Australian embassy or consulate.
- 2. Contact the line manager/principal who will manage this as a critical incident using *DECD Critical Incident Policy*.
- 3. Decide on an action plan with the line manager/principal.
- 4. Make arrangements to return to Australia immediately if level of travel advisory is raised to level 3 or 4
- 5. Include details of the event in the Overseas Post Travel Report.

Risk 2: Accident, Injury or Illness

- 1. Seek medical advice and care, including hospitalisation.
- 2. Inform participant's emergency contact person and travel insurance company and follow advice.
- 3. Inform line manager/principal who will manage it as a critical incident, using *DECD Critical Incident Policy*.
- 4. Include details of the event in the Overseas Post Travel Report.

Risk 3: Lost or Stolen Passport

Report the loss or theft of your passport as soon as possible as this is required by law.
 It can be reported on-line or at the nearest Australian embassy/consulate.
 <u>www.dfat.gov.au</u>