

### STUDENT TRAVEL APPROVAL

- This form is to be used to approve travel for ECU STUDENTS who are travelling as part of their ECU degree.
- The Travel Policy, Travel Procedures Manual and other travel-related information can be found on the Finance & Business Services Centre [Travel](http://www.fbsc.ecu.edu.au/site/html/travel.cfm) website at <http://www.fbsc.ecu.edu.au/site/html/travel.cfm>

**Download and save this form before entering data or printing. Please contact IT on extension 6000 if you have issues.**

#### STUDENT (TRAVELLER) DETAILS

FAMILY NAME: <input style="width:90%;" type="text"/>	FIRST NAME: <input style="width:90%;" type="text"/>
MIDDLE NAME: <input style="width:90%;" type="text"/>	SCHOOL: <input style="width:90%;" type="text"/>
STUDENT ID: <input style="width:90%;" type="text"/>	
MOBILE PHONE: <input style="width:90%;" type="text"/>	ECU EMAIL: <input style="width:90%;" type="text"/> @our.ecu.edu.au
<b>EMERGENCY CONTACT (must be a family member):</b>	
NAME: <input style="width:90%;" type="text"/>	RELATIONSHIP: <input style="width:90%;" type="text"/>
PHONE: <input style="width:90%;" type="text"/> Including international code	EMAIL: <input style="width:90%;" type="text"/>
REASON FOR STUDENT TRAVEL: <input style="width:90%;" type="text"/>	

**DESCRIPTION OF TRAVEL** (provide details regarding the program or activity you are participating in, e.g. one semester exchange placement at Dalhousie University, Canada, or name of study tour/short program):

**SUMMARY OF 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 Country:		Departure City:	
Departure date:	Return date:	Are these dates confirmed? Yes No	
ACTIVITY	COUNTRY	CITY	DATES (From/To):
			From: <input style="width:60%;" type="text"/> To: <input style="width:20%;" type="text"/>
			From: <input style="width:60%;" type="text"/> To: <input style="width:20%;" type="text"/>
			From: <input style="width:60%;" type="text"/> To: <input style="width:20%;" type="text"/>
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			From: <input style="width:60%;" type="text"/> To: <input style="width:20%;" type="text"/>



I accept the risks involved

I understand that, if my study program is more than 180 days, I will have to purchase my own travel insurance covering the entire duration of my travel; or I understand that, if I take more than seven (7) days total holiday travel but my entire trip does not exceed 180 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.

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.

**For international travel:**

I have read the applicable [DFAT](#) briefings.

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

*\*SENIOR DVC 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 [visas](#) for destinations where required or alternatively, I am aware that this is being organised by ECU on my behalf. ([Refer Visa information on the Student Portal](#)).

I understand my visa application is subject to eligibility checks and visa approval (if applicable).

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 a Permanent Resident or an Australian Citizen and understand that it is my responsibility to register with DFAT prior to departure.

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/(ies) to which I intend travelling (Minimum 6 months).

**Centrelink-assisted Students Only:**

I understand it is my responsibility to contact Student Central in order to obtain any supporting letter required by Centrelink to continue my student assistance payment/s during my overseas study.

**STUDENT (TRAVELLER) SIGNATURE:**

*E-signature is acceptable \*Printed/typed name is not acceptable\**

Signature:

Date:

**RESEARCH SUPERVISOR: GRADUATE RESEARCH STUDENTS ONLY**

*E-signature is acceptable*

Name:

Signature:

Date:

**RESEARCH SCHOLARSHIP STUDENTS ONLY:**

Please forward by email for additional authorisation, to [Research Scholarships Business Support](#).

Amount: \$  Flexfield (Office Use Only)

Compliance checked by Name:

Endorsed:  Signature:

**DEAN / or delegate per HR (Travel) delegations:**

*DOMESTIC/INTERNATIONAL (LOW RISK) TRAVEL APPROVAL*  
*E-signature is acceptable*

Name:  Signature:   
Date:

**SENIOR DEPUTY VICE CHANCELLOR: INTERNATIONAL (HIGH RISK ONLY) TRAVEL APPROVAL**  
*E-signature is acceptable*

Name:  Signature:   
Date:

**OFFICE USE ONLY:**

*Staff arranging travel on behalf of a student are asked to provide links to or copies of relevant information (eg Travel Policy and Guidelines) indicating to the student what their rights and obligations are for travelling on behalf of ECU.*

ATTACH A COPY OF THE PROGRAM, WHERE APPLICABLE

PLEASE FORWARD THIS APPROVED FORM TO:

**THE TRANSNATIONAL/NATIONAL PROGRAM SUPPORT TEAM EITHER BY EMAIL TO [offcampus@ecu.edu.au](mailto:offcampus@ecu.edu.au) OR IN PERSON TO THE STUDENT HUB**