### APPENDIX 1 – BOOKER AUTHORISATION FORMS

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| **UNIVERSITY OF KENT****BOOKER AUTHORISATION – SINGLE TRIP***When completed, please return a signed and dated copy to the travel booker.* |
| Traveller Name |  |
| Job Title |  |
| School/Department |  |
| Trip Destination(s) |  |
| Depart Date |  |
| Return Date |  |
| **TRAVEL DECLARATIONS** |
| I confirm that the travel is University business related and for a period of less than 365 days. |  YES / NO |
| I confirm that the travel has been risk assessed and authorised and also for travel outside the UK that it complies with the University’s Travelling and Working Overseas Performance Standard and that the FCO website has been checked to confirm no disturbed area travel. |  YES / NO |
| I confirm that I am not travelling against medical advice and that I shall be under 75 years of age on the date of departure and I acknowledge that no insurance cover is provided if these criteria are not met. |  YES / NO |
| I confirm that I shall not engage in any hazardous activity (e.g. piloting an aircraft) during the period of travel. |  YES / NO |
| I confirm that I have declared to the Insurance Office details of any single property item valued in excess of £1,500 or a total property value in excess of £4,000 that will be taken whilst travelling. |   YES / NO  |
| ***Important - Please note that failure to make accurate declarations may result in the coverage provided by the University’s travel insurance policy being invalidated.****Any questions arising from these declarations should be referred to the Insurance Office (**insurance@kent.ac.uk**) for attention.* |
| I hereby authorise the Booker to complete the Travel Declarations on my behalf when making the travel arrangements for my trip.I confirm that the declarations provided herein are accurate and I acknowledge my ongoing duty to disclose immediately to the Booker any change in circumstances. Signed ………………………………………………….......................…… Dated       |

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| **UNIVERSITY OF KENT****BOOKER AUTHORISATION – MULTIPLE TRIPS***When completed, please return a signed and dated copy to the travel booker.* |
| Traveller Name |  |
| Job Title |  |
| School/Department |  |
| Anticipated Trip Destination(s) |  |
| Start Date |  |
| Expiry Date  |  |
| *Note: Expiry date must be no later than 6 months after the start date* |
| **TRAVEL DECLARATIONS** |
| I confirm that the travel is University business related and for a period of less than 365 days. |  YES / NO |
| I confirm that the travel has been risk assessed and authorised and also for travel outside the UK that it complies with the University’s Travelling and Working Overseas Performance Standard and that the FCO website has been checked to confirm no disturbed area travel. |  YES / NO |
| I confirm that I am not travelling against medical advice and that I shall be under 75 years of age on the date of departure and I acknowledge that no insurance cover is provided if these criteria are not met. |  YES / NO |
| I confirm that I shall not engage in any hazardous activity (e.g. piloting an aircraft) during the period of travel. |  YES / NO |
| I confirm that I have declared to the Insurance Office details of any single property item valued in excess of £1,500 or a total property value in excess of £4,000 that will be taken whilst travelling. |   YES / NO  |
| ***Important - Please note that failure to make accurate declarations may result in the coverage provided by the University’s travel insurance policy being invalidated.****Any questions arising from these declarations should be referred to the Insurance Office (**insurance@kent.ac.uk**) for attention.* |
| I hereby authorise the Booker to complete the Travel Declarations on my behalf when making the travel arrangements for my trips.I confirm that the declarations provided herein are accurate and I acknowledge my ongoing duty to ensure that they remain accurate for all trips during the period of validity of this authorisation and to disclose immediately to the Booker any change in circumstances. Signed ………………………………………………….......................…… Dated       |