



PRE-DEPARTURE SAFETY BRIEFING FOR DISCOVERY YEAR STUDENT

By: OSHE

11th November 2017

Common Incidents Reported during DY:

Medical problems

Motor Vehicle accidents

Loss / theft / robbery: eg passport etc

Natural Disasters

WHAT ARE THE HAZARDS OR RISKS THAT YOU MIGHT BE EXPOSED TO WHILE ABROAD?

Kidnap/Terrorism/Deception etc.



Political Riots / Terrorist activity



Natural Disasters – Tsunami / Volcano



The MOST Common is....



TRANSPORTATION

HOSPITALIZATION



**WHAT FORM TO COMPLETE & SUBMIT TO OSHE FOR DISCOVERY YEAR ?
(LOCAL /ABROAD)**

WHERE TO GET FORM?

Log in myUBDportal
Go to > myservices > OSHE

TRAVELLING ALONE

Activity Based Risk Assessment
Details of Participants & Their Next of Kin
Safety Management Plan
Parental Consent & Indemnity Form
(Pls refer to the work process in completing the documents)

LOCAL

Insurance Policy **(BASIC)**
UBD'S Application Letter to the Organisation **(OPTIONAL)**
Acceptance Letter from the Organisation to UBD **(MANDATORY)**

ABROAD

Insurance Policy **(COMPREHENSIVE)**
UBD'S Discovery Year Offer Letter **(MANDATORY)**
Acceptance Letter from the Host University **(MANDATORY)**

TRAVELLING IN A GROUP

Activity Based Risk Assessment
Details of Participants & Their next of Kin
Safety Management Plan
(Sharing 1 Copy)
(Pls refer to the work process in completing the documents)

LOCAL

INDIVIDUAL
Parental Consent & Indemnity Form
Insurance Policy **(BASIC)**
UBD'S Application Letter to the Organisation **(OPTIONAL)**
Acceptance Letter from the Organisation to UBD **(MANDATORY)**

ABROAD

INDIVIDUAL
Parental Consent & Indemnity Form
Insurance Policy **(COMPREHENSIVE)**
UBD'S Discovery Year Offer Letter **(MANDATORY)**
Acceptance Letter from the Host University **(MANDATORY)**

DOCUMENTS REQUIRED FOR DISCOVERY YEAR TO BE COMPLETED /SUBMITTED TO OSHE

ABROAD & LOCAL		WORK PROCESS
1.	RISK ASSESSMENT (RA)	CONDUCTED (filled) by student or Faculty/Programs' supervisor. VERIFIED by FACULTY Health and Safety representative (<u>OccSHER</u>). APPROVED by Dean/Director/Head of FIACO. CHECKED and SIGNED by NYC / NYA.
2.	NEXT OF KIN DETAILS (NOK)	Advisably <u>more than 1</u> NOK with full address and contact numbers including mobile and HOME telephone number if available.
3.	SAFETY MANAGEMENT PLAN (SMP)	Students are to complete all required details. EXCEPT for LOCAL DY please refer to <u>no: 7</u> below: <u>GROUP DY (LOCAL & ABROAD)</u> Students can share the SAME SMP if; <ul style="list-style-type: none"> • They come from SAME FACULTY in UBD. • Going to the SAME INSTITUTION/ ORGANIZATION and having the SAME NATURE OF DY ACTIVITIES. • Share SAME SUPERVISOR/s at the Host Institution/Organization & contact details. <p>Therefore, if a group of students DO NOT have the same NATURE of ACTIVITIES, HAVING DIFFERENT SUPERVISORS & CONTACT DETAILS & COME FROM DIFFERENT FACULTIES, they are to complete & submit INDIVIDUAL SMP.</p>
4.	PARENTAL CONSENT (INDEMNITY FORM)	Every individual students are required to complete and submit. Original - 1 set goes to DYU. Photocopy - 1 set goes to OSHE.
DIFFERENCES		
ABROAD		LOCAL
5.	COMPREHENSIVE Insurance Policy + TRAVEL HEALTH Coverage.	BASIC Insurance Policy (the insurance when first enrolled to UBD is adequate BUT must be valid).
6.	<u>OFFER LETTERS:</u> <ul style="list-style-type: none"> • UBD Discovery Year Unit (DYU) • Host institution/ organization 	<u>FORMAL LETTERS:</u> <ul style="list-style-type: none"> • UBD Discovery Year (issued by NYC / NYA). • Acceptance letter from host institution /organization (<u>for</u> Group OR Individual).
7.	SAFETY MANAGEMENT PLAN (SMP)	For <u>SMP</u> , fill all EXCEPT: <ul style="list-style-type: none"> • Travel information and transportation. • In section of emergency information, <u>OMIT</u> sections on embassy / consulate and accommodation details (<u>UNLESS</u> the students acquired some sort of accommodation arranged personally by students or the host agency e.g. Students having the DY in different districts).

CONDUCTED BY:
(TO BE FILLED IN BY THE PROGRAM SUPERVISOR/ PARTICIPANTS)

Name:	Post:
Faculty/Institute/ School/ Academy:	Signature: Date:

Student / supervisor

VERIFIED BY:
(TO BE FILLED BY THE FACULTY SAFETY REPRESENTATIVE)

Name:	Post:
Faculty/Institute/ School/ Academy:	Signature: Date:

Health & Safety representative within Faculty

APPROVED BY:
(TO BE FILLED BY THE DEAN/DIRECTOR/HEAD OF THE FACULTY/INSTITUTE/ACADEMY/SCHOOL)

Name:	Post:
Faculty/Institute/ School/ Academy:	Signature: Date:

DEAN

CHECKED BY:
(TO BE FILLED BY DISCOVERY YEAR COORDINATOR)

Name:	Post:
Faculty/Institute/ School/ Academy:	Signature: Date:

DY Coordinator

INSTRUCTIONS AND REQUIREMENT

Read, Edit, Understand and Adhere to;

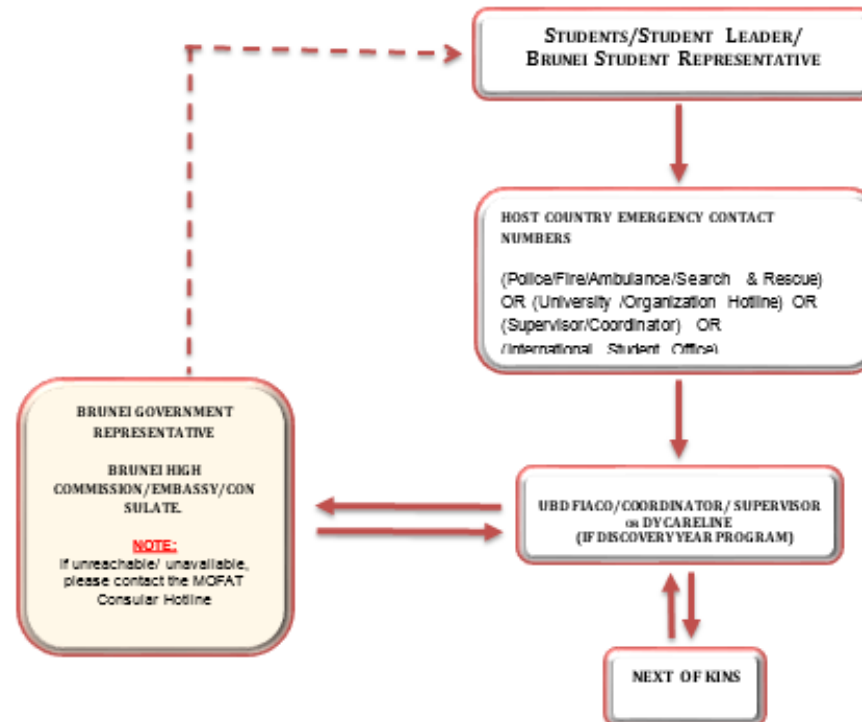
- UBD Safety and Health Arrangement
- Host Country/University/Organization Safety & Health Arrangement

If You Are Going In A Group,
Appoint A Student Leader.
Student Leader Must Regularly
Update important
information....



EMERGENCY COMMUNICATION PLAN

IN CASE OF MAJOR EMERGENCIES OR CRISIS, YOUR FIRST POINTS OF CONTACT ARE AS FOLLOW:





Important Contacts Information:

DY Careline: +6738728287

MOFAT Consular Hotline: +6738716001

UBD Hotline: 2463333

Sample of Important Contacts Information Card

	
IMPORTANT CONTACTS	
UBD DISCOVERY YEAR (DY) UNIT:	2463001 ext: 2728
UBD DY COORDINATOR/ FACILITATOR NAME:	_____
CONTACT NO:	_____
GLOBAL AFFAIRS OFFICE CONTACT NO:	_____
STUDENT AFFAIRS SECTION CONTACT NO:	_____
STUDENT LEADER:	_____
INSURANCE PROVIDER CONTACT:	_____
DY CARELINE : +673 8728287	
UBD HOTLINE: +673 246 3333 / +673 246 3001 ext 3333	
Fold here -----	
	
HOST COUNTRY/ORGANIZATION	
AMBULANCE:	_____
POLICE:	_____
FIRE:	_____
HOST ORGANIZATION HOTLINE:	_____
HOST ORGANIZATION SUPERVISOR NAME:	_____
HOST ORGANIZATION SUPERVISOR NO:	_____
INTERNATIONAL STUDENT OFFICE:	_____
BRUNEI CONSULAR MOFAT HOTLINE : +673 8716001	
----- Fold here	

USEFUL LINKS

<http://mofat.gov.bn>

<http://www.moh.gov.bn/>

<http://www.gov.uk/foreign-travel-advice>

<http://smartraveller.gov.au/Pages/default.aspx>

If you have any questions / enquiries please contact us:

Office of Safety, Health and Environment (OSHE)

Universiti Brunei Darussalam

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