

**SCD13 Unique Reference Number:**


## Overseas Deployment Authorisation

This document is to be completed by the person seeking authority to travel and their line manager.

The person seeking authority and their line manager must read the MPS Policy for Overseas Travel and its accompanying Standard Operating Procedures before submitting this document to an authorising officer or staff member. The line manager is responsible for completing the risk management process.

Once completed, a copy of this document will be forwarded to SCD13 together with a copy of any separate risk assessment for retention.

On completion of the deployment, the returning personnel are required to submit a report of the visit to SCD13, including details of any difficulties encountered, useful contacts made, and advice for any other MPS member visiting the same country in future.

### Travel Details

<b>Travel Details</b>					
Date of intended travel:		Duration:		Return Date:	
Name of person(s) intending to travel:					
B/OCU:		Wt/Pay number:		Cost Code:	
Destination(s):					
Operational	<input type="checkbox"/>	Non-Operational	<input type="checkbox"/>		

### Purpose of Travel

<b>Purpose of Travel</b>	
Permitted purpose	
Objectives:	
How will the objectives be achieved?	
Benefit for London	
Why is a personal visit necessary and/or the best way of achieving the objectives?	
What are the costs/savings incurred?	
Are costs recoverable? If so give brief details and describe how and by whom costs will be recovered	
Has any other agency/department been consulted (e.g. NCIS/SOCA, FCO, UKCA, SCD7, HCNU, SOCT Command) please specify:	

<b>Person(s) Travelling</b>	
Do they possess the appropriate skills to achieve the objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No   Details:
Are they fit to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they available and willing to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have a valid passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If No, please give details:
Do they have the required visa(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
Has a S.26 letter been requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required

<b>Preparations</b> <i>(Authority must be obtained to take equipment except mobile phones and unencrypted computers into foreign countries)</i>	
OSE:	
Firearms:	
Radio / Mobile phones:	
Computers (Consult DoI):	
Other equipment: (e.g. covert / intrusive devices)	
Any exhibits or evidence to be taken:	
SIO authority obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions Rogatoires obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Risk Management Considerations</b>	
Which Corporate Risk Assessments (CRA's) or other risk assessments have been consulted, do they cover the risks associated with this deployment?	
Is there a separate risk assessment? If so, where is it located?	
Name of line manager completing the risk management process:	
Has the person travelling been given a personal security briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, summarise:

### Health Issues

Are there any prevailing health hazards in the country to be visited?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please specify:
Has the person(s) travelling been advised on health precautions to take in transit and on arrival?	<input type="checkbox"/> Yes <input type="checkbox"/> No   Please specify:
Has first aid and/or emergency medical equipment been issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No   Please specify:
Have they had required vaccinations and health advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
What medical and travel insurance arrangements have been made? (see below for high-risk insurance authority, if required)	<input type="checkbox"/> MPS Standard Cover <input type="checkbox"/> Additional Cover (give details)

### Contact Details and Contingency Arrangements

Travel arrangements:	Outward:	Return:
Form 101 completed:		
Contact details (Or where located):		
Name of UK or other contact in country: (e.g. Liaison officer / Embassy staff)		
Telephone No:		
Buddy details:		
Contact schedule:		
Contingency arrangements:		
Exit strategy (Detail or where located):		
Itinerary (Detail or where located):		

### Authorisation

The line manager requesting authority considers the risk and control measures to be satisfactory:	Signature .....
	Name:
The person(s) travelling agrees that the risks and control measures are satisfactory (all to sign). The person(s) travelling declare that they have obtained the following inoculations, vaccinations, or preventative treatment required (or recommended) for the area to be visited:	<input type="checkbox"/> Yellow Fever      Date: <input type="checkbox"/> Typhoid      Date: <input type="checkbox"/> Hepatitis A/B/C      Date: <input type="checkbox"/> Cholera      Date: <input type="checkbox"/> Malaria              Type: <input type="checkbox"/> Other      Date:
<input type="button" value="Click to add another person"/>	Signature .....
	Name:
Head of Unit approval:	Signature .....
	Name:

