



This document is to be completed as part of your risk assessment procedure and should include the contact details of those who should be contacted in case of an emergency as well as details about your next of kin.

Your contact details

Please provide your contact details for travel

- Phone number:
- Email:
- Other form of communication:

Emergency contacts

These are the people who should be contacted in case of an emergency. The contacts you choose should know what to do in an emergency and be informed that they are your emergency contact. You should share this document with each of them.

PERSONAL CONTACT

- Full Name:
- Relationship:
- Contact number:
- Other contact details:

WORK CONTACT

- Full Name:
- Relationship:
- Contact number:
- Other contact details:

OTHER

- Full Name:
- Relationship:
- Contact number:
- Other contact details:

NEXT OF KIN

This is the person your emergency contacts will contact on your behalf. Your next of kin does not have to be your emergency contact.

- Full Name:
- Relationship:
- Contact number:
- Other contact details:

CHECK IN DETAILS

- How often will you check in with your point of contact?
- Please detail how you will contact them.

Failure to check in after INSERT TIMEFRAME will mean that an emergency protocol will be initiated. This protocol should be discussed in advance with your editor or newsroom and should include information on who should be contacted and in which order. It is a good idea to include details for a lawyer as part of your emergency planning. You and your newsroom should also prepare an alternative protocol in case the original protocol can not be carried out. All people in your emergency contact list should be made aware of the emergency protocol and the part they will play.

DETAILS OF PEOPLE TRAVELING

Please provide your details below and the details of each person travelling with you.

- Full name:
- Mobile number:
- Email:
- DOB:
- Blood group:

HOSPITAL DETAILS

Please provide the details below of a hospital near your (travel) location. You may include more than one hospital.

- Name of hospital:
- Full address of hospital:
- Phone number of hospital, including country code:

EMBASSY DETAILS

Please provide the details below when travelling outside of your country of Residence.

- Name of embassy:
- Full address of embassy:
- Phone number of embassy, including country code:

ITINERARY

Please detail your travel details, including transport times, hotel name and contact details, and any other information that you believe is relevant.