

MEDIA ASSESSMENT FORM

All sections to be completed with the necessary information or by placing an "X" or a number in appropriate box

Date Arrive	
Date Depart	

PARTICIPANTS: Note: Include main contact with asterisk* and include Escort if known

Mr/Mrs/ Miss/Dr	First Name	Family Name	Role/Title	Representing

PRINT / DIGITAL MEDIA INFORMATION (Repeat this section for each publication or outlet)

Media/ Publication Name Name magazine/ newspaper / website	
Media Company Address Media Street address Main Telephone number Fax No	
Media Website	
Social Media details	
Category Print or Digital Media?	
Media Description Provide a profile description of the media outlet	
Type Advise type of Publication / Online eg: Women's Magazine, Travel section of Newspaper, In-Flight Magazine, Supplement, Special Edition, Standalone Website, Website linked to publication.	
Distribution How/Where is publication or website distributed - eg: Local, Regional, National, Multi National or Global	
Frequency How often is Publication printed/distributed? eg: Daily, weekly, fortnightly monthly, 6 months, annually	
Circulation Advise circulation/print run?	
Readership Advise estimated number of publication/online readership or audience?	
Reader profile Description of audience eg: Up-market professionals, General mainstream	
Market position Is it most popular/ highly regarded? Is there an Australian equivalent you can name?	
Publication date Estimated date of publication.	
Commissioned Is story commissioned? YES/NO	
No. of stories Advise how many different stories have been agreed. eg: 2 stories	
Length of story How many pages for each story ?	
Repeats Will same story be repeated in other editions ?	

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Story angles Describe in detail the story angle for each separate story. Eg: Australian Culture and its diversity, Nature, Fauna & Ecotourism.	
Areas of interest Please list any areas of interest that the journalist has, or that the publication has shown in the past. For example, quirky facts and sights, or local characters.	
Additional Information	

MEDIA COVERAGE: Indicate X in appropriate box

Accommodation Coverage What coverage is proposed for Accommodation:	None	Credits	Fact Box	Feature Story	Advertorial	*Other Please specify
*Specify other coverage for accommodation						
Products Coverage What coverage is proposed for Product :	None	Credits	Fact Box	Feature Story	Advertorial	*Other Please specify
*Specify other coverage for products						
NOTE: Providing PDFs or scans of printed stories, or links to audio/video and digital stories, is a condition of the partnership						

PHOTOGRAPHY:

Will media be taking photographs? YES / NO If Yes, advise if using Tripod and/or any other special requirements.	
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INTERVIEWS: (Repeat as required)

Interview requests Who would Media like to interview?	
Interview angle What is general angle of interview?	
Example questions List 3-4 sample questions for each interview request made	

INDEPENDENT ARRANGEMENTS:

Independent arrangements Will media be making any independent arrangements for their visit to Australia. YES / NO? If YES, please advise date & time, details	
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PUBLIC LIABILITY:

Does Photographer have their own Public Liability Insurance YES / NO? If YES - please attach copy	
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PARTICIPANT PERSONAL DETAILS (Repeat as required for each participant)		
Title	(Mr/Ms/Mrs/Dr)	
Gender	(Male/ Female)	
First Name	(as per Passport)	
Preferred First Name	(Nickname/English)	
Family Name	(as per Passport)	
Business Position/Title		
Business Address		
Business/Preferred E-mail address		
Business/Preferred Direct Telephone No.		
Preferred Mobile No. contact		
Mobile No. when travelling in Australia		
Date of Birth	(Day/Month/Year)	
Nationality		
Passport Number		
Date of expiry & place of issue		
Languages spoken		
Do you smoke?	Yes/No	
Do you have any food restrictions? If yes, specify details	Yes/No	
Do you have any health restrictions? If yes, specify details	Yes/No	
Do you have any phobias? If yes, specify details	Yes/No	
Please describe your swimming capabilities.		
Emergency Contact (Name - Relationship - Telephone No)		
Do you have a current driver's licence?	Yes/No	
Do you drive manual/ automatic?		
Driver's licence number		
Special Interests		
Advise any additional information / requests		
CONFIDENTIAL: Estimate of weight / size for light aircraft flights & helicopters, and fitness level for activities if included in itinerary.		
Weight	Kgs/ Lbs	
Height	Metres/ Feet	
Fitness Level	High / Average / Low	
Dive Certification	Yes/No – If yes, advise type/level	

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