

MEDIA ASSESSMENT FORM



THE HEART OF THE GREAT BARRIER REEF

All sections to be completed with the necessary information or by checking the 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 include this information for each account)

Media/ Publication Name Name magazine/ newspaper / website	
Media Company Address	Media Street address: _____ Main Telephone number: _____ Mobile Phone Number: _____
Media Website	
Social Media details	
Category	<input type="checkbox"/> Print <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Publication date Estimated date of publication.	
Commissioned Is story commissioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of stories Advise how many different stories have been agreed.	

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eg: 2 stories	
Length of story How many pages for each story?	
Repeats Will same story be repeated in other editions?	
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: Check appropriate box

Accommodation Coverage What coverage is proposed for Accommodation:	None	Credits	Fact Box	Feature Story	Advertorial	*Other Please specify
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Specify other coverage for accommodation						
Products Coverage What coverage is proposed for Product:	None	Credits	Fact Box	Feature Story	Advertorial	*Other Please specify
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*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? If Yes, advise if using Tripod and/or any other special requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ _____
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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. If YES, please advise date & time, details	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ _____
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PUBLIC LIABILITY:

Does Photographer have their own Public Liability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If YES, please attach copy

PARTICIPANT PERSONAL DETAILS <small>(Repeat as required for each participant)</small>	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name <small>(as per Passport)</small>	
<i>Preferred First Name</i> <small>(Nickname/English)</small>	
Family Name <small>(as per Passport)</small>	
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 <small>(DD/MM/YY)</small>	
Nationality	
Passport Number	
Date of expiry & place of issue	
Languages spoken	
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any food restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify details: _____
Do you have any health restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify details: _____
Do you have any phobias?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify details: _____
Please describe your swimming capabilities.	
Emergency Contact	Name: _____ Relationship: _____ Telephone No: _____
Do you have a current driver's licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drive manual/ automatic?	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Driver's licence number	
Special Interests	
Advise any additional information / requests	

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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 Low	High / Average /
Dive Certification If yes, advise type/level	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____ _____