

SOCIAL MEDIA INFLUENCERS FAMILIARISATION 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)

Website	
Instagram Name / Handle	
Other Social Media Handles Facebook/Google+/YouTube/Pinterest/Tumblr etc	
Media Company Address	Media Street address: _____ Main Telephone number: _____ Mobile Phone Number: _____
Total Followers across each platform utilised	
Category Demographic	
Age Range of Followers & Gender	
Locations of Followers Countries and Australian cities (please include % of share)	
Account Statistics (including engagement, reach etc and how you interact with your followers)	
Other Publication/Blog - Distribution How/Where is publication / blog distributed - eg: Local, Regional, National, Multi National or Global	
Blog/Website Statistics (including engagement, reach etc and how you interact with your followers)	
Reader profile Description of audience eg: Up-market professionals, General mainstream	
Publication date Estimated date of publication.	
Frequency How often do you post/Publication printed/distributed? eg: Daily, weekly, fortnightly monthly	
Commissioned Is story/blog commissioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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No. of stories Advise how many different stories have been agreed. Eg: 2 stories	
Length of story How many posts?	
Repeats Will same story be repeated in other platforms	
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	
Why should we host you? We receive many requests from social media influencers. Please tell us what makes you stand out and how we can partner together. Please note that whilst Tourism Whitsundays is working on content for destination marketing, we are also working on behalf of our operators involved in the itinerary to ensure exposure and promotion of their business through this famil in exchange for their financial commitment. Please also address how you can ensure exposure to all operators involved.	

MEDIA COVERAGE: Check appropriate box

Accommodation Coverage What coverage is proposed for Accommodation:	None	Credits	Fact Box	Featur e Story	Advertorial	*Other Please specify
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Specify their coverage for accommodation Please provide a detailed description of what will be offered in exchange for accommodation						
Products Coverage What coverage is proposed for Product :	None	Credits	Fact Box	Featur e 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 Please provide a detailed description of what will be offered in exchange for products (tours, transfers, dining and activities)						
NOTE: Providing PDFs or scans of printed stories, or links to audio/video and digital stories, is a condition of the partnership						

PHOTOGRAPHY:

Will you require photography assistance or equipment? 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	
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Who would you 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 you be making any independent arrangements for their visit to the Whitsundays? 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 If YES, please attach copy	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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: _____

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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		
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 type/level	Yes/No – If yes, advise	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____