



MEDIA ACCREDITATION FORM

MEDIA HOUSE: _____

ADDRESS: _____

MEDIA CATEGORY (tick below):

- ☐ Radio
- ☐ Television
- ☐ Freelance
- ☐ Cable
- ☐ Internet/Social Media
- ☐ Other (please state) _____

COVERAGE FOR (state location) _____

APPLICANT'S NAME _____

APPLICANT'S POSITION (tick below):

- ☐ Broadcaster
- ☐ Producer
- ☐ Videographer
- ☐ Photographer
- ☐ Editor
- ☐ Correspondent
- ☐ Reporter
- ☐ Technician
- ☐ Director
- ☐ Other (please state) _____

CONTACT DETAILS:

Telephone Number: _____

Fax Number: _____

Email: _____