

MEDIA ACCREDITATION FORM

APPLICANT'S NAME: _____

MEDIA HOUSE: _____

ADDRESS: _____

APPLICANT'S POSITION (tick below):

- | | |
|---------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Broadcaster | <input type="checkbox"/> Presenter/Host |
| <input type="checkbox"/> Producer | <input type="checkbox"/> Station Manager |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Digital/Marketing/Sponsorship |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Other (please state): |
| <input type="checkbox"/> Videographer | |
| <input type="checkbox"/> Editor | |
| <input type="checkbox"/> Director | |
| <input type="checkbox"/> Correspondent/Freelancer | |

MEDIA CATEGORY (tick below):

- | | |
|-------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Online/Internet/Social |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Influencer/Podcaster |
| <input type="checkbox"/> Television | <input type="checkbox"/> Other (please state): |
| <input type="checkbox"/> Cable | _____ |

COVERAGE FOR: _____

REQUESTED INTERVIEWS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

CONTACT DETAILS:

Telephone Number: _____

Email Address: _____

Social Media

Handles: _____