appendix i. IN-COUNTRY and EMERGENCY CONTACT DETAILS

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| **EMERGENCY CONTACT DETAILS** | |
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| Name of Country: |  |
|  | |
| **Contact Details of a Host in the Country (if applicable)** | |
| Contact Name:  Business Name (if applicable):  Address:  Telephone Number:  Mobile Phone Number:  Fax: Number:  Email Address: |  |
|  | |
| **Australian High Commission or Embassy Contact Details** | |
| Contact Name:  Business Name (if applicable):  Address:  Telephone Number:  Mobile Phone Number:  Fax: Number:  Email Address: |  |
|  | |
| **Local Police Contact Details (if applicable)** | |
| Address:  Telephone Number: |  |
| **Local Hospital Contact Details (if applicable)** | |
| Address:  Telephone Number: |  |
| **Line Manager Contact Details** | |

Telephone Number:

Mobile Phone Number:

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| **SOS Medical Emergency: +(612) 9025 2886** |