Emergency plan for <Coordinating partner> and <Other organisation(s)>

**This emergency plan is a mandatory annex to the overall project description (B01).**

All Norec-supported exchange projects shall have an emergency plan detailing the critical information needed for effective emergency planning and response. It is the responsibility of each organisation to ensure the safety and security of the participants they are hosting. Travel- and health insurance policies for participants should account for Covid-19 related issues including medical expenses, cancelation of flights and repatriation of participant.

This document is a template specifying the minimum required information and should be scaled and modified to fit the setting the organisations and participants are in during the exchange project period. The organisations may also submit their own project-specific emergency plans.

1. **CONTACT INFORMATION**

**Coordinating partner**

|  |  |
| --- | --- |
| **Key contact information for partners and participants at <coordinating partner>** | |
| Name of coordinating partner |  |
| Country |  |
| Contact person for the project |  |
| Phone number with country code |  |
| E-mail |  |

|  |  |
| --- | --- |
| Emergency response person |  |
| Phone number with country code |  |
| E-mail |  |

|  |  |
| --- | --- |
| Person responsible for public relations (TV etc.) |  |
| Phone number with country code |  |
| E-mail |  |

|  |  |
| --- | --- |
| **Contact details for emergency services in <insert country here>** | |
| Ambulance | *Enter phone number with country code* |
| Fire | *Enter phone number with country code* |
| Police | *Enter phone number with country code* |
| Insurance provider | *Enter company’s name, phone number and e-mail address, and policy number* |

|  |  |
| --- | --- |
| **Foreign missions** | |
| Nearest embassy/consulate of the country of the participants you are hosting | *(Embassy or consulate, and country it is located in)* |
| Address |  |
| 24/7 emergency number (if available) |  |
| Phone number with country code |  |
| E-mail |  |
| Website |  |

**Organisation 2**

|  |  |
| --- | --- |
| **Key contact information for partners and participants at <organisation 2>** | |
| Name of organisation 2 |  |
| Country |  |
| Contact person for the project |  |
| Phone number with country code |  |
| E-mail |  |

|  |  |
| --- | --- |
| Emergency response person |  |
| Phone number with country code |  |
| E-mail |  |

|  |  |
| --- | --- |
| Person responsible for public relations (TV etc.) |  |
| Phone number with country code |  |
| E-mail |  |

|  |  |
| --- | --- |
| **Emergency services in <insert country here>** | |
| Ambulance | *Enter phone number with country code* |
| Fire | *Enter phone number with country code* |
| Police | *Enter phone number with country code* |
| Insurance provider | *Enter company’s name, phone number and e-mail address, and policy number* |

|  |  |
| --- | --- |
| **Foreign missions** | |
| Nearest embassy/consulate of the country of the participants you are hosting | *(Embassy or consulate, and country it is located in)* |
| Address |  |
| 24/7 emergency number (if available) |  |
| Phone number with country code |  |
| E-mail |  |
| Website |  |

**<Organisation 3>**

**<Organisation 4>**

1. **EMERGENCY PLAN FOR THE PARTNERSHIP**

Describe the potential scenarios that may arise, the planned response to the scenarios, which person is responsible in each partner organisation, and how responsibility is to be divided between the partners. Health and safety routines for the participants in the event of Covid-19 infection must be described. This should include possibilities for testing, quarantine and access to health facilities. Contact details for the responsible person and any services that may be contacted must be included.

**Plan for the coordinating partner**

*Insert plans here*

**Plan for organisation 2**

*Insert plans here*

**<Organisation 3>**

**<Organisation 4>**

*Add plans for all organisations in the partnership.*

|  |  |
| --- | --- |
| **Norec contact information** | |
| Phone number, daytime hours | +47 57 99 00 00 |
| E-mail | [norec@norec.no](mailto:norec@norec.no) |
| Website | [www.norec.no](http://www.norec.no) |

|  |
| --- |
| **Information about the participant** |

A form of this type must be completed for each participant, for use by the home and host partners. A copy must be sent to the relevant embassy/consulate in the participant’s host country before travelling abroad.

PARTICIPANT

|  |  |
| --- | --- |
| Name: | Date of birth: |
| Address in home country*:* | Telephone: |
|  | Mobile: |
|  | E-mail: |

ADDRESS IN HOST COUNTRY

|  |  |
| --- | --- |
| Country: | Telephone: |
| Address: | Mobile: |
|  | E-mail: |
| EMERGENCY CONTACT (I) | EMERGENCY CONTACT (II) |
| Name: | Name: |
| Address: | Address: |
|  |  |
|  |  |
| Telephone: | Telephone: |
| Mobile: | Mobile: |
| E-mail: | E-mail: |
| COORDINATING PARTNER | OTHER ORGANISATION |
| Name: | Name: |
| Address: | Address: |
|  |  |
|  |  |
| Telephone: | Telephone: |
| Mobile: | Mobile: |
| E-mail: | E-mail: |