**Emergency plan**

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 must cover medical expenses, cancellation of flights and repatriation of participant.

This document is a template specifying the minimum required information. The plan must be expanded 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.

The emergency plan is divided into two parts:

* **Part 1** contains contact information and the emergency plan for each partner organisation, and Norec contact information. Part 1 is a mandatory annex to the participants contract of employment.
* **Part 2** contains information about the participant. Part 2 is kept by the home and home organisation in case of an emergency. A copy of part 2 must be sent to the relevant embassy/consulate in the participant’s host country before travelling abroad.

# PART 1

## CONTACT INFORMATION

### Coordinating partner

|  |
| --- |
| **Contact information**  |
| Name of organisation | Click here to write |
| Country | Click here to write |
| Contact person for the project | Click here to write |
| Phone number with country code | Click here to write |
| Email | Click here to write |

|  |  |
| --- | --- |
| Emergency response person | Click here to write |
| Phone number with country code | Click here to write |
| Email | Click here to write |

|  |  |
| --- | --- |
| Person responsible for public relations (TV etc.) | Click here to write |
| Phone number with country code | Click here to write |
| Email | Click here to write |

|  |
| --- |
| **Contact details for emergency services** |
| 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*  |
| Service point for survivors of Gender-Based Violence  | *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 | *Enter embassy or consulate, and country it is located in*  |
| Address | Click here to write |
| 24/7 emergency number (if available) | Click here to write |
| Phone number with country code | Click here to write |
| Email | Click here to write |
| Website | Click here to write |

### Organisation 2

|  |
| --- |
| **Contact information**  |
| Name of organisation | Click here to write |
| Country | Click here to write |
| Contact person for the project | Click here to write |
| Phone number with country code | Click here to write |
| Email | Click here to write |

|  |  |
| --- | --- |
| Emergency response person | Click here to write |
| Phone number with country code | Click here to write |
| Email | Click here to write |

|  |  |
| --- | --- |
| Person responsible for public relations (TV etc.) | Click here to write |
| Phone number with country code | Click here to write |
| Email | Click here to write |

|  |
| --- |
| **Contact details for emergency services** |
| 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*  |
| Service point for survivors of Gender-Based Violence  | *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 | *Enter embassy or consulate, and country it is located in*  |
| Address | Click here to write |
| 24/7 emergency number (if available) | Click here to write |
| Phone number with country code | Click here to write |
| Email | Click here to write |

### Organisation 3

*Copy the sections under organisation 2 and* add the number of organisations as applicable

**EMERGENCY PLAN FOR THE PARTNERSHIP**

Describe:

1. the potential scenarios that may arise
2. the planned response to the scenarios
3. who is responsible at each partner organisation
4. how responsibility is divided between the partners

Contact details for the responsible person and any services that may be contacted must be included.

The risk of sexual exploitation, abuse, and harassment (SEAH) must be included.

### Plan for the coordinating partner

Click here to write

### Plan for organisation 2

Click here to write

### Plan for organisation 3

Add the number of organisations as applicable

**NOREC CONTACT INFORMATION**

|  |  |
| --- | --- |
| Phone number, daytime hours  | +47 57 99 00 00 |
| Email | norec@norec.no  |
| Website | [www.norec.no](http://www.norec.no)  |
| Norec programme adviser for the project | Click here to write |

# PART 2

**INFORMATION ABOUT THE PARTICIPANT**

This section 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: Click here to write | Date of birth: Click here to write |
| Address in home country*:* Click here to write | Telephone: Click here to write |
|  | Mobile: Click here to write |
|  | Email: Click here to write |

|  |  |
| --- | --- |
| **Address in the host country** |  |
| Country: Click here to write | Telephone: Click here to write |
| Address: Click here to write | Mobile: Click here to write |
|  | Email: Click here to write |

|  |  |
| --- | --- |
| **Emergency contact (1)** | **Emergency contact (2)** |
| Name: Click here to write | Name: Click here to write |
| Address: Click here to write | Address: Click here to write |
| Telephone: Click here to write | Telephone: Click here to write |
| Mobile: Click here to write | Mobile: Click here to write |
| Email: Click here to write | Email: Click here to write |

|  |
| --- |
| **Contact information — coordinating partner**  |
| Name of organisation | Click here to write |
| Country | Click here to write |
| Contact person for the project | Click here to write |
| Phone number with country code | Click here to write |
| Email | Click here to write |

|  |
| --- |
| **Contact information — home organisation** |
| Name of organisation | Click here to write |
| Country | Click here to write |
| Contact person for the project | Click here to write |
| Phone number with country code | Click here to write |
| Email | Click here to write |

|  |
| --- |
| **Contact information — host organisation** |
| Name of organisation | Click here to write |
| Country | Click here to write |
| Contact person for the project | Click here to write |
| Phone number with country code | Click here to write |
| Email | Click here to write |