This form should be completed for:

Long-term | Low Risk

relational mission

Emergency Plan for Low-Risk Long-Term Travel (LT2)

This is for pioneers that are travelling to low risk countries for 6 months or more. Together with the **Risk and Personal Data Form (LT1)**, it provides all the key information that RM staff and your home support church will need to act swiftly in the event of an Emergency.

Name of Pioneer(s)		
Dates of travel		
Country traveling to		
Completed by *NB: To be completed by more than one person*		
Date sent to RM Admin Team		

For personal data like passport numbers and addresses see the Risk and Data form (LT1)

2. Home Base representative			
Please provide the details of the traveller's home base representative who will help to manage any crisis.			
Name			
Work landline no.		Home landline no.	
Email		Mobile No:	
Work address			
Home address			

3. Country Specific Concerns	
	E.g. *1. Country has recently experienced high levels of insecurity. See FCO website: https://www.gov.uk/foreign-travel-advice.* ***or*** *2. Country is secular by constitution and there has been an increased level of anti-Christian rhetoric*

4. Contingency details

Name, address, tel., fax nos. for nearest medical centres to your destinations	
Contact details for Emergency contact in-country (names, addresses, email, phone, etc.)	
Any specific instructions to help us support you in the event of an emergency	

Time Zone difference to GMT		**Country Telephone Access Code**	

5. Contingency Plan

If an emergency were to occur, the following process should be followed:

- Initial responsibility should be taken by your home base representative (namely <insert name>), liaising with the RM Crisis Team (via Mark Andrews) and your in-country emergency contact (namely <insert name>), to establish the situation.
- Mark Andrews will make arrangements for an immediate meeting / conference call between these parties.
- Together, those named above will manage & resolve the emergency through to completion.
- Once resolved Relational Mission will review all existing risks and procedures to ensure where practical the risk of the emergency happening again is minimised.

6. British Embassy or Consulate Details

For non-British nationals, please give your country's embassy details as well.

Consulate name		
Contact numbers (x2)		
Fax number		
Email		
Address		

7. Traveller's Full Insurance Details with Emergency Contact Numbers	
Travel cover	
Medical cover	

8. Medical details	
Relevant Medical Conditions & Blood Groups	**Prescribed Medication / Allergies**

Important Privacy Information

We will treat your information with respect. Relational Mission will use the information you provide on this form to support you in the event of a crisis or emergency. We may share the information with relevant emergency services or government authorities if it is in the interests for your safety and security, or if required to under law. Once this has been completed & reviewed any personal information you have supplied will be deleted. We will not add your contact details to any of our distribution lists unless you consent for us to do so. For more information about our privacy practices please look at our Privacy Notice at relationalmission.org/privacy. Please indicate that you agree that we may process your information in accordance with these terms by selecting **Yes**. If you do not agree select **No**.

YES ☐

NO ☐

Please return an electronic copy of this Emergency Plan to Pioneer@relationalmission.com