



PARTNER APPLICATION

Date
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Please Note: TourSafe understands that all planned protocols and procedures may not be in place at the time this application is submitted. As long as it is in your plan, please mark affirmatively and make note of it in the comments box provided on the appropriate page.

In lieu of filling out this application in its entirety, you may attach your Health & Safety Protocol manual if you have one that covers all your properties. **However, you will still be required to fill out the Driver Guides & Game Drives section, if applicable.**

COMPANY INFORMATION

Company Name

Company Website

Company Mailing Address

Primary Contact Name

City

Job Title

State/Region

Postal Code

Country

Primary Contact Phone

Primary Contact Email

REPRESENTATION (if applicable)

Representation Firm

Representative Contact

Representative Email

Representative Phone



Please list the name(s) of all properties applying to becoming a TourSafe Trusted Travel Partner Property. Only list names of those properties which will be adhering to the procedures and protocols addressed on this application. Please request extra copies of this page if you are applying for more properties than may be listed here.

Name of Property

Location of Property



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GENERAL STAFF & INSPECTIONS

Will all staff be given training sessions to understand health and safety protocols?

☐
Y☐
N

Will all staff be required to wear masks?

☐
Y☐
N

Will staff be compensated to stay home when not feeling well?

☐
Y☐
N

Will staff be required to be tested regularly for covid-19, if testing is available?

☐
Y☐
N

Will there be a staff member that will be in charge of daily on-site inspections?

☐
Y☐
N

How often will properties be inspected by supervising management that is not on-site?

Please describe what actions will be taken in the event a staff member or guest is found to have Covid-19?

Please describe any additional general procedures, protocols and/or plans in regard to your staff and inspections:



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COMMON AREAS & GUEST ROOMS

Will common sitting areas be physically distanced?

☐
Y☐
N

Will there be special procedures in place to disinfect common areas?
(UV treatment, disinfectant spray, etc...)

☐
Y☐
N

Will common areas have sanitation stations available for guest use?

☐
Y☐
N

Please describe procedures and protocols for guest check-in (luggage handling, passports, room keys, etc...)

Will there be any time between guest room occupancies?

☐
Y☐
N

If YES, how long?

Will there be special procedures in place to disinfect rooms between guests?
(UV treatment, disinfectant spray, etc...)

☐
Y☐
N

Will pillows, blankets, duvets be cleaned and replaced between occupancies?

☐
Y☐
N

Please describe any additional procedures, protocols and/or plans in regard to common areas & guest rooms:



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FOOD SERVICE

Will you be serving food from buffets for any meals?

☐
Y☐
N

If NO, please describe the changes to your food service to replace buffets.

If YES, please detail precautions you are taking to ensure guest safety.

Will room service be available for all meals?

☐
Y☐
N

Please describe any additional procedures, protocols and/or plans in regard to your food service and dining areas:



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DRIVER GUIDES & GAME DRIVES

What lodging provisions will be made for guides that drive-in or general staff that will be staying at the properties?

Please fill out this section if you your camps are fly-in and guests use camp vehicles:

Will guides be required to isolate for any amount of time before their guests arrive?

Y

N

If YES, how long?

Will guides be tested before returning to work?

Y

N

Will guides be required to wear masks & carry sanitizer?

Y

N

Please describe the procedures & protocols in place to maintain high levels of hygiene inside vehicles:

Do you have extra private vehicles on-site if clients want to pre-reserve a private vehicle and guide?

Y

N

Please describe any additional procedures, protocols and/or plans in regard to your vehicles & guides:



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AKNOWLEDGEMENT

I, the undersigned, affirm that I have answered the application questions to the best of my ability.

Name

Date

Signature