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SOCIAL MEDIA MANAGEMENT BRIEF FORM

This document was created to help you to ask the right questions when preparing to start a new social media management project.

We then use these answers to assist us to supply a better service for your needs and better results for your social media page(s).

Please complete the information that is relevant to your situation.

Instructions

- This document is designed for a paperless workflow
 Open in Acrobat Reader and click to type in the appropriate boxes
- 3. Save the document and email it back to us (design@intrasightgraphics.com)
- 4. Acrobat reader can be downloaded for free at: www.adobe.com

Other materials

Please send us a copy o	f any relevant documents and	promotional materials v	vou mav have.

Are we registering a new social media platform? Yes No **Campaign Overview**

Goals & Objectives



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Social Networks (select desired social media platform)















Organic				
Paid				

Monthly Budget for Paid

NB: Paid advertising will attract VAT. Find out more on https:/www.facebook.com/business/help/2822525944519234

Content Source

Client Intrasight Graphics Other Sources

Target Audience (s)

Age	Location	Interests	Challenges	Primary Social Networks



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Social Media Publishing Checklist

Give your **social media management team** this checklist so you can delegate publishing tasks for your campaign while maintaining quality control.

Tone of voice / message:
Hashtags:
Social Media Link (s):
Approved creative assets:
Important spellings:
Message tags and tracking process:
Required approvals:



Signature

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DATES
Date sent to Client:
Date returned:
Project start date:
CLIENT LIASON CONTACT DETAILS
Name:
Work numbers:
Mobile:
Email address:
CLIENT DETAILS
Company name:
Work phone:
Web address:
Postal address: