

Personal Data Form



CONFIDENTIAL

Note: You may not be able to fill in some points.

Date: _____

PERSONAL DETAILS	
Full name (as given in passport)	
Male / Female	
Dath of birth	
Place of birth	
Nationality	
Occupation	
Marital status	
Date of marriage	
AHV number	
Blood group	
Eye color	
Height	
Passport details	
Place of issue	
Passport number	
Date of issue	
Expiry date	
Do you have any unique identification marks or scars, etc?	
Do you have any disabilities, medical conditions or health issues, or are you taking any essential medications?	

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Family members					
Full name of spouse (as given in passport)					
Male / Female					
Dath of birth					
Place of birth					
Nationality					
Occupation					
AHV number					
Blood group					
Eye color					
Height					
Passport number					
Names of children	Birth date	Birth place	Nationality	m/f	Passport number

OTHER DETAILS	
Car manufacturer	
Car type and color	
Chassis number	
Date of first registration	
The car is registrated in which country	
License plate number	
Driver's license number	
Driver's license number of spouse	
The vehicle is registrated in the name of	
Insurance number	

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CONTACT DETAILS ON THE FIELD	
Residential address	
Postal address on the field (if different from above)	
Residential telephone number	
Mobile number	
E-Mail address	
Skype name	
Contact details to host church or pastor (name, address, e-mail address and telephone number/s):	
Contact details of other ministries you are involved with (ministry name, name, address, e-mail address and telephone number/s):	
CONTACT DETAILS IN COUNTRY OF ORIGIN	
Residential address in country of origin	
Telephone number/s in country of origin	

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EMERGENCY CONTACT DETAILS	
When a crisis on the field is managed by another organisation as GMS, write the name and contact details here (name, address, e-mail address and telephone number/s):	
Contact details of the embassy in the host country (name, address, e-mail address and telephone number/s):	
Contact details of your parents (name, address, e-mail address and telephone number/s):	
Contact details for next of kin (name, address, e-mail address and telephone number/s):	
Contact details of the person to be contacted in an emergency, if other than above (name, address, e-mail address and telephone number/s):	
Contact details of the person to be contacted in an emergency in the host country (name, address, e-mail address and telephone number/s):	
SECURITY TRAINING	
Type of training (date, organisation, certificate and number of days) :	

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GENERAL INFORMATION
Who is your « Member Care » Contact at GMS (name, address, e-mail address and telephone number/s):
Contact details of your sending church (name, address, e-mail address and telephone number/s):
Contact details of the person who is responsible for the distribution of your Newsletter (name, address, e-mail address and telephone number/s):
Contact details of the person who has your power of attorney (name, address, e-mail address and telephone number/s, type of POA: general power of attorney , power of attorney for bank accounts, etc):
For use by next of kin: Name and address and contact details of banks and other financial institutions in which you have accounts. You do not need to give these details, but make sure that your next of kin or a family member in your home country knows.
Details of insurance companies and policy numbers (health insurance , life insurance and/or other) and contact details (name, address, e-mail address and telephone number/s) :

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Details of Credit Cards (company, address, email address, telephone number/s, name card holder, card number/s) :	
Made you a will? (yes/no)	
Deposited with (name, address, e-mail address and telephone number/s) :	
Contact details of your lawyer (name, address, e-mail address and telephone number/s):	
Agreement in the event of death	
<i>If I die on the field , I wish to be buried at the following location:</i>	
<input type="checkbox"/> Host country = Please note place, address and contact details:	
<input type="checkbox"/> Country of origin = Please note place, address and contact details:	
<i>The following applies to the funeral:</i>	
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation	
For the children applies the same rule: <input type="checkbox"/> yes <input type="checkbox"/> no	
If "no", please specify :	
Guardianship arrangements for our children have been made. (yes/no)	
Contact details of guardians (name, address, e-mail address and telephone number/s) :	

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Three questions and answers where only you would be able to give the correct answer (for use in hostage situations to verify your wellbeing).	
E.g. Q: The name of my first pet?	A: Fido
Q: My favourite garden flower?	A : Rose
Q : My first car ?	A : VW Beetle
Question 1 :	Answer 1 :
Question 2 :	Answer 2 :
Question 3:	Answer 3:
Laptop Hard Disc encrypton key	
Truecrypt encryption key(s)	
<p>I have been informed about the necessary vaccinations and precautionary health measures required by the host country and have taken appropriate measures. My state of health allows me to live and work in the host country. It is my responsibility to choose which medical examinations and/or treatments I require before, during or after my term of service.</p> <p>Signature: _____</p>	
<p>I have completely read and understood the „Policy Manual of Globe Mission Schweiz“.</p> <p>Signature: _____</p>	

I certify that the above information is true and complete.

Signature of the employee: _____