

PART A: PERSONAL DETAILS

CURRENT DETAILS			
STAFF ID		POSITION TITLE	
SURNAME		REPORT TO	
FIRST NAME		LOCATION/PORT	
SECOND NAME		COUNTRY OF BIRTH	
DATE OF BIRTH		NATIONALITY	
GENDER		REPATRIATION PORT	
MARITAL STATUS		RELIGION	
ANG EMAIL ADDRESS			
HIGHEST LEVEL OF EDUCATION			
PROFESSIONAL/TECHNICAL QUALIFICATION			

PART B: ADDRESSES

HOME ADDRESS			
ADDRESS LINE1		COUNTRY	
ADDRESS LINE2		TELEPHONE	
SUBURB		MOBILE	
STATE/PROVINCE		EMAIL ADDRESS	
POSTCODE			

EMERGENCY CONTACT DETAILS	
NAME	
RELATIONSHIP	
ADDRESS	
TELEPHONE/MOBILE	

NEXT OF KIN NAME & CONTACT	
NAME	
RELATIONSHIP	
ADDRESS	
TELEPHONE/MOBILE	

PART C: DEPENDANTS

RELATIONSHIP	NAME	TITLE	GENDER	DATE OF BIRTH	MARITAL STATUS	NATIONALITY
MOTHER						
FATHER						
SPOUSE						
CHILD						
CHILD						
CHILD						
CHILD						
CHILD						
CHILD						
CHILD						

BROTHERS/SISTERS (for compassionate purposes only)		
RELATIONSHIP	NAME	POINT OF CONTACT

I, _____ hereby confirm that the above information is correct and that my records be updated as indicated.

Signature: _____

Date: ____/____/201__