

PERSONAL PARTICULARS FORM: OVERSEAS COURSE MEMBER

This Proforma should be returned as soon as possible after receipt via e-mail, fax or postal mail. If possible your **Biography** should be provided electronically through e-mail.

An electronic copy of this form is available on the ACSC web site at http://www.defence.gov.au/adc/acsc_home.htm and you can e-mail the completed form to: ilo@defence.adc.edu.au.

Facsimile: From within Australia: (02) 6266 0546
From Overseas: +61-2- 6266 0546

Mail: International Liaison Office
Australian Defence College (Weston)
Department of Defence
Canberra ACT 2600
AUSTRALIA

Privacy of Information

I understand that the information I provide when completing the Personal Particulars Proforma will be used for management and administrative purposes within the Australian Defence College (ADC). This information will be secured, with access limited to appropriately authorised personnel.

In order for the ADC to effectively carry out its duty of care responsibilities, certain personal details are required including the need for all campus members to provide a person to be contacted in the event of the member being in an accident or other emergency.

Signed : _____

Course Member's Personal Details

Course

Rank

Surname

First Name:

Middle Names

Course Member' Name Tag

Please enter your name in the Box as you wish it to appear on your name badge

Date of Birth

Country of Birth

Place of Birth

Service No

Service / Department

Gender Male Female

Postnominals (Academic)
(Service)

Marital Status

<input type="checkbox"/> Married <input type="checkbox"/> Married with Dependants <input type="checkbox"/> Defacto <input type="checkbox"/> Single <input type="checkbox"/> Single with Dependants <input type="checkbox"/> Separated
--

Other Details

Specialisation

--

Organisation

--

Academic Qualifications

--

Religion

--

Smoker

<input type="checkbox"/> Yes <input type="checkbox"/> No
--

Special Dietary Requirements
(eg: allergies, vegetarian etc)

--

Course Member's Passport Details

Passport Type

<input type="checkbox"/> Official <input type="checkbox"/> Special <input type="checkbox"/> Other
<input type="checkbox"/> Diplomatic <input type="checkbox"/> Service <input type="checkbox"/> Ordinary

Passport Name:
Your name *EXACTLY* as it
appears on your passport

--

Issue Authority

--

Country issuing passport

--

Passport No

--

Passport Issue Date

Passport Expiry Date

Visa Type

Visa Number

Visa Expiry Date

Partner Details

Title

Family Name

First Name

Middle Names

Spouse / Partner Name Badge
Please enter your spouse's preferred name in the box as you wish it to appear on the name badge:

Street

Suburb

Town / City

State

Post Code

Country of Birth

Country of Nationality

Phone: Home

Work

Mobile

Special Dietary Requirements
(eg: allergies, vegetarian etc)

First Language

Other languages

Accompanying

Yes No

Travel Details

Date/Time of arrival

Flight Number

Partner Passport Details

Passport Type:

Passport Name:
Your name *EXACTLY* as it
appears on your passport

Issue Authority:

Passport Number:

Issue Date:

Expiry Date:

Country Issuing Passport

Visa Type

Visa Number

Visa Expiry Date

Next of Kin Details (note as above if same as partner)

Title:

Family Name:

First Name:

Relationship:

Street

Suburb

Town / City

State

Post Code

Country

Phone: Home
Work
Mobile

Dependant Details (including spouse)

Name	Date of Birth	Gender	Date Accompanying
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

ATTACH BIOGRAPHY: *It is important that your Biography is provided electronically via e-mail.*