

STAFF-IN-CONFIDENCE (After first entry)

AD 150
Revised Aug 2010

Department of Defence

ADF Personal Data

- Those circumstances marked with an asterisk * require the Approving Authority/Delegate to sight supporting documentation and sign this form.

Entered into PMKeyS <input type="checkbox"/>
Employee ID
Signature
Date

Personal particulars		Military work address <i>(Address to be completed in full with no abbreviations)</i>	
Employee ID	Rank	Mess, sub-unit, section or work location	
Family name		Ship, unit, directorate, establishment or department	
Given name(s)		Ship, unit, directorate, establishment or department	
Preferred name		City, town or suburb	
		State	Postcode
		Country	
		Phone number <i>(Include area code)</i>	
		Alternative phone number <i>(Include area code)</i>	Type
		Alternate work Email address	
Notification of change of circumstances <i>(Tick applicable change(s))</i>		Marital status* <i>(Tick the box that describes your current marital status)</i>	
<input type="checkbox"/> Address	<input type="checkbox"/> Next of Kin	<input type="checkbox"/> Defacto	<input type="checkbox"/> Separated
<input type="checkbox"/> Marital status*	<input type="checkbox"/> Nominated family details for leave travel*	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
<input type="checkbox"/> Serving family member details	<input type="checkbox"/> Religion	<input type="checkbox"/> Married	<input type="checkbox"/> Single
<input type="checkbox"/> Dependant details*	<input type="checkbox"/> Name*	Marital status date <i>(if applicable)*</i>	
<input type="checkbox"/> Emergency contacts	<input type="checkbox"/> Other		
Effective date		Other details	
		Date of birth*	
Residential address details		Birth place*	
Address		Birth state	
City, town or suburb	State	Country of birth*	
	Postcode	Former name(s)*	
Country		Religion	
Phone number <i>(Include area code)</i>		First language spoken	
Alternative phone number <i>(Include area code)</i>	Type	Second language spoken	
Personal Email address		First language spoken by mother	
		First language spoken by father	
Postal address		Bilingualism details	
Address <i>(If same as residential, enter 'Same as residential')</i>		<input type="checkbox"/> Bilingual <input type="checkbox"/> Not bilingual	
City, town or suburb	State	Ethnic group <i>(eg Aboriginal, Indian, Hispanic)</i>	
	Postcode		
Country			

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Australian citizenship status

Have you migrated from a foreign country?

(If 'Yes', please complete details below.)

(If 'No', proceed to dependant details below.)

Yes No

Citizenship status details

Year of arrival in Australia
Citizenship and/or naturalisation certificate number*
Other proof of citizenship*

Additional citizenship details

Country of citizenship*
Passport number*
Other proof of citizenship* <i>(ie Citizenship certificate and/or birth certificate)</i>

Note: If additional citizenships are held, attach relevant information and proof(s).

Primary emergency contact

Note: Only one person can be nominated as your primary emergency contact.

Add Amend Withdraw

Name		
Relationship	<input type="checkbox"/> Tick if this is your Next of Kin	
Religion <i>(Optional)</i>		
Address		
City, town or suburb	State	Postcode
Country		
Phone number <i>(Include area code)</i>		
Alternative phone number <i>(Include area code)</i>	Type	
Email Address		
Additional information		

Alternative emergency contact

Add Amend Withdraw

Name		
Relationship	<input type="checkbox"/> Tick if this is your Next of Kin	
Religion <i>(Optional)</i>		
Address <i>(If same as residential, enter 'Same as residential')</i>		
City, town or suburb	State	Postcode
Country		
Phone number <i>(Include area code)</i>		
Alternative phone number <i>(Include area code)</i>	Type	
Email address		
Additional information		

Next of kin

Note: Do not complete this section if you have nominated an emergency contact, dependant or other serving family member as your Next of Kin.

Add Amend Withdraw

Name		
Relationship	<input type="checkbox"/> Tick if this is your Next of Kin	
Religion <i>(Optional)</i>		
Address		
City, town or suburb	State	Postcode
Country		
Phone number <i>(Include area code)</i>		
Alternative phone number <i>(Include area code)</i>	Type	
Email Address		
Additional information		

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Dependant details
 Add Amend Withdraw

Name		
Relationship	<input type="checkbox"/> Tick if this is your Next of Kin	
Address (If same as residential, enter 'Same as residential')		
City, town or suburb	State	Postcode
Country		
Phone number (Include area code)		
Alternative phone number (Include area code)		Type
Date of birth	Place of birth	
Indicate their gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Indicate if the person is:	<input type="checkbox"/> Student	<input type="checkbox"/> *Special needs
Occupation		
<input type="checkbox"/> Dependant serving member		
Employee ID (Defence personnel only)		

Other dependant details
 Add Amend Withdraw

Name		
Relationship	<input type="checkbox"/> Tick if this is your Next of Kin	
Address (If same as residential, enter 'Same as residential')		
City, town or suburb	State	Postcode
Country		
Phone number (Include area code)		
Alternative phone number (Include area code)		Type
Date of birth	Place of birth	
Indicate their gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Indicate if the person is:	<input type="checkbox"/> Student	<input type="checkbox"/> *Special needs
Occupation		
<input type="checkbox"/> Dependant serving member		
Employee ID (Defence personnel only)		

Note: For additional dependants, complete form AD 160 - ADF Dependant Details.

Other dependant details
 Add Amend Withdraw

Name		
Relationship	<input type="checkbox"/> Tick if this is your Next of Kin	
Address (If same as residential, enter 'Same as residential')		
City, town or suburb	State	Postcode
Country		
Phone number (Include area code)		
Alternative phone number (Include area code)		Type
Date of birth	Place of birth	
Indicate their gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Indicate if the person is:	<input type="checkbox"/> Student	<input type="checkbox"/> *Special needs
Occupation		
<input type="checkbox"/> Dependant serving member		
Employee ID (Defence personnel only)		

Serving family member details
(Complete if you have family serving in the ADO who are not a dependant).
 Add Amend Withdraw

Name		
Relationship	<input type="checkbox"/> Tick if this is your Next of Kin	
Address (If same as residential, enter 'Same as residential')		
City, town or suburb	State	Postcode
Country		
Phone number (Include area code)		
Alternative phone number (Include area code)		Type
Date of birth	Place of birth	
Indicate their gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Occupation		
Employee ID (Defence personnel only)		

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<p>Other serving family member <i>(Complete if you have family serving in the ADO who are not a dependant).</i></p> <p><input type="checkbox"/> Add <input type="checkbox"/> Amend <input type="checkbox"/> Withdraw</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Name</td> </tr> <tr> <td>Relationship</td> <td colspan="2"><input type="checkbox"/> Tick if this is your Next of Kin</td> </tr> <tr> <td colspan="3">Address <i>(If same as residential, enter 'Same as residential')</i></td> </tr> <tr> <td>City, town or suburb</td> <td>State</td> <td>Postcode</td> </tr> <tr> <td colspan="3">Country</td> </tr> <tr> <td colspan="3">Phone number <i>(Include area code)</i></td> </tr> <tr> <td>Alternative phone number <i>(Include area code)</i></td> <td colspan="2">Type</td> </tr> <tr> <td>Date of birth</td> <td colspan="2">Place of birth</td> </tr> <tr> <td colspan="3">Indicate their gender <input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> <tr> <td colspan="3">Occupation</td> </tr> <tr> <td colspan="3">Employee ID <i>(Defence personnel only)</i></td> </tr> </table> <p>Nominated family for leave travel*</p> <p>Nominated person</p> <p><input type="checkbox"/> Add <input type="checkbox"/> Amend</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Full name</td> </tr> <tr> <td>Relationship</td> <td colspan="2"><input type="checkbox"/> Tick if this is your Next of Kin</td> </tr> </table> <p>Leave travel address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Address</td> </tr> <tr> <td>City, town or suburb</td> <td>State</td> <td>Postcode</td> </tr> <tr> <td colspan="3">Country</td> </tr> <tr> <td colspan="3">Phone number <i>(Include area code)</i></td> </tr> <tr> <td colspan="3">Email address</td> </tr> <tr> <td colspan="3">Additional comments</td> </tr> </table> <p>Will</p> <p>Do you have a current will <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Where is your will held</td> </tr> </table>	Name			Relationship	<input type="checkbox"/> Tick if this is your Next of Kin		Address <i>(If same as residential, enter 'Same as residential')</i>			City, town or suburb	State	Postcode	Country			Phone number <i>(Include area code)</i>			Alternative phone number <i>(Include area code)</i>	Type		Date of birth	Place of birth		Indicate their gender <input type="checkbox"/> Male <input type="checkbox"/> Female			Occupation			Employee ID <i>(Defence personnel only)</i>			Full name			Relationship	<input type="checkbox"/> Tick if this is your Next of Kin		Address			City, town or suburb	State	Postcode	Country			Phone number <i>(Include area code)</i>			Email address			Additional comments			Where is your will held	<p>Passport</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Passport number</td> </tr> <tr> <td colspan="2">Type of passport</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Official <i>(Green)</i> <input type="checkbox"/> Diplomatic <i>(Red)</i> <input type="checkbox"/> Ordinary <i>(Blue)</i></td> </tr> <tr> <td>Date issued</td> <td>Date Expiry</td> </tr> <tr> <td colspan="2">Country of issue</td> </tr> <tr> <td colspan="2">City of issue</td> </tr> <tr> <td colspan="2">Passport held by</td> </tr> <tr> <td colspan="2">Additional comments</td> </tr> </table> <p>Applicant's signature</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Signature</td> </tr> <tr> <td>Printed name</td> <td>Date</td> </tr> </table> <hr style="border: 1px solid black;"/> <p>Approving authority and/or delegate <i>(This is your Commanding Officer, manager or supervisor)</i></p> <p>Supporting documents sighted</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>(Only required for items marked with an asterisk *)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Signature</td> </tr> <tr> <td colspan="2">Printed name</td> <td>Rank</td> </tr> <tr> <td>Employee ID</td> <td>Unit</td> <td>Date</td> </tr> </table>	Passport number		Type of passport		<input type="checkbox"/> Official <i>(Green)</i> <input type="checkbox"/> Diplomatic <i>(Red)</i> <input type="checkbox"/> Ordinary <i>(Blue)</i>		Date issued	Date Expiry	Country of issue		City of issue		Passport held by		Additional comments		Signature		Printed name	Date	Signature			Printed name		Rank	Employee ID	Unit	Date
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