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| Please specify:Date of Vision Trip you are applying for:  |
| **Personal Details** |
| Name: (First and middle)  | (Surname/last name) |
| Sex: M  F | Passport No: | ID Card No(SA applicants only: |
| Date of Birth: Day Month Year | Country of Birth: |
| Nationality: | Do you hold dual nationality?  Yes  No |
| If yes, what countries: |
| Country of Residence: | Passport Nationality:  |
| Will you have 2 blank pages in your passport by the time you start the VT?  Yes  No | Passport Expiry date: |
| Do you have a valid Driver’s License?  Yes  No Type: |
| How long have you held this license?  |
| **\***Marital Status: |  Single  |  Married  |  Widowed  |  Divorced  |  Separated  |
| ***\*****If married and travelling with spouse, spouse must fill out separate form* |
| Your profession: |
| Permanent Address: | **Phone (incl. country code)**Home:Cell:Fax:Email: |
| **Family Details** |
| If Married, give name of Spouse: |
| Names of Children: | Sex | Date of Birth |
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| Next of Kin: *Give name, address, e-mail and telephone number of two relatives who can be contacted in case of emergency.* |
| 1. | 2. |
| **How did you hear about Hands at Work and/or a Vision Trip?** |
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| **Church Affiliation** (if applicable) |
| Do you attend a church?  Yes  No **Pastor’s Name:****Church Name:****Pastor’s address, phone number and e-mail:**Though Hands at Work is a Christian organisation, there is no faith commitment required for those visiting, but a willingness to respect Christian ways and lifestyle and to participate in Christian devotions and prayer times. Hands at Work embraces people of all Christian denominations.  |

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| **Health**  |
| Travelling in Africa can at times be physically demanding and may involve conditions that are unsuitable and even unsafe for people with some health conditions. **Are you in good health?** Yes No**Do you have or have you ever been under a doctors care for heart problems, diabetes, depression, breathing problems, difficulty in walking, back problems or any other serious illness?** Yes No If yes please explain (this includes symptoms you may be having now)**Are you taking any medication at the present time?** Yes No If yes please explain**Do you have any allergies (including food)**: Yes No If Yes please state**Have you had any struggles with drug or alcohol misuse?** Yes No **Have you sought information about malaria prevention from a medical facility?** Yes No**If applicable, are you planning to take malaria medication during the Vision Trip?** Yes No |

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| **Criminal convocations**  |
| *Because you will be working with children and vulnerable people, you must answer the following question: Have you ever been charged with a sexual offense, offense relating to children or a crime of violence*  Yes  No  *If yes, please give explain (use additional page if needed):***Do you have a criminal records check valid within the last 3 months?** Yes No\*\*please attach a copy with your application\*\**Are there any issues from your past that you think you should, or would, like to verbally communicate in confidence to leadership?* Yes  No |

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| **References** |
| *Give the details of two persons who have known you for two years or more. Please include one personal and one pastoral/ employer reference with your application.* *Please have your referees send their reference for you to your International Office separately. We may also contact them for further information.* |
| Reference 1Name:Email:Address:  |
| Reference 2Name:Email:Address:  |
| *To be signed by all applicants:**I declare all information disclosed in this application form to be true and correct. I have not withheld any relevant information. I authorise the investigation of the information contained in this application.**Signed by applicant: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |