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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 1  Name:  Email:  Address: |
| Reference 2  Name:  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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |