ADVANCED PAEDIATRIC LIFE SUPPORT

INTERNATIONAL INSTRUCTORS INFORMATION REQUEST

Required In Case of Emergency for Australian Faculty Overseas

When you have completed this form please return to APLS office on email: info@apls.org.au

|  |  |
| --- | --- |
| **Name** |  |
| **Exact Name on Passport** **(if different from above)** |  |
| **Passport Number** |  |
| **Nationality on Passport** |  |
| **Date of Birth** |  |
| **Home Address** |  |
| **Work Address** |  |
| **Home Telephone No** |  |
| **Mobile** |  |
| **Mobile you will be using overseas** |  |
| **Email Address** |  |
| **Email Address you will be accessing overseas** |  |
| **Flights** |  |
| **Accommodation while Overseas** |  |
| **Travel Insurance is Mandatory****Company and Policy Number** |  |
| **1st Next of Kin – Name:** |  |
| **Relationship to You:** |  |
| **Home Address:** |  |
| **Best Telephone No:** |  |
| **Best Email Address:** |  |
| **2nd Next of Kin – Name:** |  |
| **Relationship to You:** |  |
| **Home Address:** |  |
| **Best Telephone No:** |  |
| **Best Email Address:** |  |