

Form: **4WGAAFC 23**
 Dated: 01 Jun 02

STAFF - PERSONAL DETAILS
 (TO BE COMPLETED BY EACH MEMBER ATTENDING A 4WGAAFC CAMP)

PERSONAL DETAILS

NUMBER		UNIT		WEF DATE	
RANK		WEF DATE			
FAMILY NAME					
GIVEN NAME / NAMES					
PREFERRED NAME					
RELIGION		BLOOD GROUP		MEDICARE NO.	
KNOWN ALLEGIES					
MEDICATION					
DATE OF LAST TETANUS INJECTION					
FIRST AID QUALIFICATION	LEVEL		EXPIRY DATE:		
VEHICLE NUMBER			VEHICLE TYPE:		

NEXT OF KIN DETAILS

FAMILY NAME					
GIVEN NAME / NAMES					
RELATIONSHIP TO YOU					
ADDRESS	STREET				
	SUBURB/TOWN				
	STATE		POST CODE		
TELEPHONE	HOME				
	BUSINESS				
	MOBILE				
FAX	HOME				
	BUSINESS				