

**PERSONAL DETAILS FORM**

**ATTACHMENTS/ACADEMIC VISITOR/WORK EXPERIENCE**

MALE/FEMALE (delete as appropriate)

MARITAL STATUS (Married/Civil Partnership/Single/Divorced/Separated/Widow/Widower/Prefer not to say)

SURNAME................................................ FIRST NAME....................................... MIDDLE NAME ……………………………..

TITLE......... DATE OF BIRTH……/……/……

CURRENT RESIDENTIAL ADDRESS:

……………………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………. POSTCODE: …………………………………..

NATIONALITY………………………………………………

PASSPORT NUMBER …………………………………… WORK PERMIT/VISA (if applicable) ………………………………….

HOME/MOBILE TEL: ............................................

**NEXT OF KIN/EMERGENCY CONTACT DETAILS**

EMERGENCY CONTACT NAME:

ADDRESS:…………………………………………………………………………

………………………………………………………………………………………………………………………..

POSTCODE:…………………….

HOME TEL:……………………………...………. MOBILE………………………………………………..WORK…………………………………...

RELATIONSHIP……………………………………………………………………………………………………………………………………………