**Partner Information Request**

Please complete the form and return to AMT’s office as soon as you are able. Please note, in the case of any married couples, each person will need to complete their own form.

**Date:**

**Personal Details:**

|  |  |
| --- | --- |
| Full Name: | Phone number: |
| Current address: | Email address: |
| Postal Address (if applicable): | |
| Date of Birth: | Current Age: |
| Are you married? Y/N | Name of Spouse: |
| Names and ages of children (if applicable): | |

**Partner Details:**

|  |  |
| --- | --- |
| Country where based: | City: |
| Address: | Phone number: |
| Brief description of your work | |

**Background:**

|  |  |
| --- | --- |
| Home sending organisation: | How long in attendance or association? |
| How long have you been a believer? | Have you been baptised as a believer? Y/N |
| Do you maintain contact with your home organisation? | If so, how frequently? |
| Did your home organisation support your decision to work overseas? Y/N | |
| Do you receive funds other than through AMT? Y/N | |
| Do you have a family in Australia who supports your work? Y/N | |
| How often do you return to Australia? | |

**Qualifications and training:**

|  |  |
| --- | --- |
| What education, technical, professional or other qualifications do you hold? | |
| Are you currently studying? Y/N | Does this study impact on your work? Y/N |
| Is it related to your current work? Y/N | |
| Please provide relevant details: | |

**Health Details:**

|  |  |
| --- | --- |
| What is your general state of health? |  |
| Do you or a member of your family have any recurrent or chronic health conditions? | If so, please specify: |
| Do you or a member of your family take any medication? | If so, please specify: |
| Have you or a member of your family suffered from a mental or nervous condition? | If so, please specify: |
| Please provide details of any health concerns that may impact on your mission work. | |

**Security:**

|  |  |
| --- | --- |
| Have you ever been convicted of a crime, either in Australia or overseas? | If so, please specify: |
| Have you completed any Working with Children training? Y/N | Do you have a current working with Children check from your home state? Y/N |
| If you answered no to the above question, you must undertake training as soon as possible. Please contact the AMT office | If you answered yes to the questions above, please supply a copy to the AMT office when you return this form. |

**Work outcomes:**

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| --- |
| Briefly outline what led you to international work. |
| What has been some of the outcomes of your work? |

**Other:**

|  |
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| Please use this space to provide any further information or particulars that you feel are relevant. |

Please note, the information collected here is of a personal nature and will not be shared by AMT with anyone unless in cases where we are required by law to do so (eg: any criminal matters). The purpose of the form is to assist AMT with its record keeping requirements under Australian Law.