**PERSONAL SECURITY PROFILE**

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| **1. PERSONAL DETAILS** | |
| **Name:** | **Date form completed:** |
| **Nick name:** | **Maiden name:** |
| **Home address:** | [ Insert recent passport-sized photo ] |
| **Date of birth:** | **Age:** |
| **Nationality:** | **Religion:** |
| **Gender:** | **Sexuality:** |
| **Home num.:** | **Mobile num.:** |
| **Email address:** | |

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| **2. EMERGENCY CONTACTS** | |
| **#1** | **#2** |
| **Name:** | **Name:** |
| **Relationship:** | **Relationship:** |
| **Next of kin?** Yes/No | **Next of kin?** Yes/No |
| **Home address:** | **Home address:** |
| **Home num.:** | **Home num.:** |
| **Work num.:** | **Work num.:** |
| **Mobile num.:** | **Mobile num.:** |
| **Email address:** | **Email address:** |
| **Circumstances in which to contact:** | **Circumstances in which to contact:** |

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| **3. IN-COUNTRY DETAILS** | |
| **Office address:** | **Residence address:** |
| **Office landline:** | **Residence landline:** |
| **Mobile num.:** | **Sat phone num.:** |
| **Radio call sign:** | **Radio frequency/channel:** |
| **Vehicle make/model:** | **Vehicle colour:** |
| **Vehicle registration num.:** | **VIN:** |

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| **4. PACE COMMUNICATIONS PLAN** | | |
|  | **Urban areas** | **Remote areas** |
| **Primary** |  |  |
| **Alternative** |  |  |
| **Contingency** |  |  |
| **Emergency** |  |  |

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| **5. GPS TRACKERS** | |
| **Personal** | **Vehicle** |
| **Make/model:** | **Make/model:** |
| **Tracking frequency:** | **Tracking frequency:** |
| **GSM:** Yes/No | **GSM:** Yes/No |
| **Satellite:** Yes/No | **Satellite:** Yes/No |

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| **6. CHECK-IN SCHEDULE** | |
| **Check-in schedule agreed:** Yes/No | **Number of times a day:** |
| **Dates for check ins:** | **Times:** |
| **Method for check ins:** | |
| **Person responsible for monitoring check ins:** | |
| **Procedure for missed check in(s):** | |

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| **7. MEDICAL** | |
| **Medical conditions:** | |
| **Injuries:** | **Allergies:** |
| **Medication required:** | **Amount of medication carried:** |
| **First aid kit(s) carried:** | **Blood group:** |
| **First aid training/experience:** | |

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| **8. SECURITY** | |
| **Have you completed a HEAT course?** Yes/No | **Date of course:** |
| **Hostile environment experience:** | |
| **Details of body armour taken:** | |

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| **9. CONTINGENCY PLANS** | | | |
| **Hibernation:** | **Relocation:** | | **Evacuation:** |
| **Insurance company:** | | **Policy num.:** | |
| **Medical evacuation plan:** | | | |
| **Special requests or instructions for your family:** | | | |

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| **10. PROOF OF LIFE** | | |
|  | **Question** | **Answer** |
| **#1** |  |  |
| **#2** |  |  |
| **#3** |  |  |
| **Distress code word:** | | |

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| **11. SECURITY DECLARATION** | |
| Having received adequate information on the risks involved in this trip, I understand the foreseeable risks to which I may be exposed and agree to undertake this travel with that knowledge. I confirm that I have been offered the opportunity to freely decline to travel or to not undertake any of the activities involved. I confirm that I have been provided with the opportunity to discuss the trip and its associated risks in detail. Finally, I agree to follow all security procedures at all times. | |
| **Signed:** | **Date:** |