

# CBM FIELD WORKER INSURANCE REQUEST FORM

## INTRODUCTION – PLEASE READ

The information you supply in the Field Worker Insurance Request Form is necessary for you to be covered by the CBM corporate travel policy. A separate form must be completed for each member of the team including accompanying children.

The information you supply is considered confidential in that its contents are only for the consideration of the CBM Committees.

Any visit lasting more than 60 days will require special arrangements and will not be covered by this form.

Medical certificates are not required. However, the CBM encourages all field workers to have a medical consultation prior to departure overseas.

### 1 Personal Details

Name: Brother/Sister\* .....

Address: .....

..... Postcode: .....

Passport No: ..... Expires: ..... Country: UK/Other\* .....

Telephone: (Private) ..... (Work) ..... (Mobile) .....

Date of Birth: ..... Marital Status: ..... Ecclesia: .....

### 2 Next of Kin

Name: Brother/Sister\* ..... Relationship: .....

Address: .....

..... Postcode: .....

Passport No: ..... Expires: ..... Country: UK/Other\* .....

Telephone: (Private) ..... (Work) ..... (Mobile) .....

Ecclesia: .....

### 3 Intentions

Intended Destination(s): .....

Intended Departure Date: ..... Intended Return Date: .....

*Please ensure that your passport has a minimum of six months prior to expiry following the date of your return to the UK.*

Total length of time away (days): ..... Leisure travel component (days): .....

*Please ensure you leave as much detail as possible (such as an itinerary) with a member of your family or ecclesia in case of emergency.*

Pre-existing conditions: .....

### AGREEMENT/COMMITMENT

1. I have read the CBM Handbook and I am prepared to abide by the policy guidelines laid down by the CBM to which all representatives of the CBM are expected to adhere. These guidelines include reference to giving of welfare in either money or gifts, as well as my relationship with brethren and sisters, ecclesia, local peoples and government bodies in CBM areas.
2. I understand that, unless exceptional circumstances prevail, the CBM does not accept responsibility for any loss, injury or inconvenience sustained by me during my activity as a CBM representative.
3. I will not drive any vehicle in mission areas unless approved by the CBM link man.
4. I understand that any information which is incorrect would invalidate the insurance.

AGREED TO AND SIGNED ..... DATE: .....

*Please forward a copy of this form to your Trip Leader. Trip Leader to forward to Country Link Man, Area Secretary and Insurance Coordinator.*

### CBM COMMITTEE USE ONLY

Received by Trip Leader (date): ..... Received by Country Link Man (date): .....

Received by Area Secretary (date): ..... Received by Insurance Coordinator (date): .....