



# Interchristian Fellowships' Evangelical Mission (IcFEM Gap Programme- Kenya)

*Accelerating Community Transformation*

## **Holy Living & Hard Work**

### **INFORMATION SHEET**

Attached to the Information Sheet should be a full copy of your insurance policy, a copy of your passport (tourist visa if you have it) and a photocopy of what vaccinations you've had; this will be in your 'Vaccines Record Card' which is given out by your registered general nurse.

You will need to make a copy of the information sheet which should be given to a family member. You also need to send a copy to the IcFEM Gap Programme Administrator no later than one month prior to your arrival. You should send your copy by email to [gap-programme@icfem.org](mailto:gap-programme@icfem.org).

#### **Personal Details:**

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Passport Details:**

Name (exactly as on passport): \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport number: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_ Place of issue: \_\_\_\_\_

#### **Visa Details:**

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_ Place of issue: \_\_\_\_\_

#### **Flight Details:**

Day	Date	Flight Number	Departure Airport	Arrival Airport	Times
<b>Outbound</b>					
<b>Return</b>					

#### **Mission Headquarters**

IcFEM Mission, Private Bag, Kimilili, 50204  
Western Kenya, East Africa  
Tel: +254 55 21252

E-mail: [gap-programme@icfem.org](mailto:gap-programme@icfem.org) & [office@icfem.org](mailto:office@icfem.org)  
Website: [www.icfem-mission.org](http://www.icfem-mission.org) &  
[www.gap-volunteers.icfem-mission.org](http://www.gap-volunteers.icfem-mission.org)  
Registration Number: 19347



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### **Medical Details:**

Any dietary or vegetarian needs:

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Any general health, disability or allergy needs:

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Generic Names of Vital Medicines:

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Spectacles Prescription:

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Blood Group:

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### **Three Emergency Contact Details:**

#### **Next of Kin:**

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

#### **2<sup>nd</sup> Emergency Contact:**

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

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Tel: +254 55 21252

E-mail: [gap-programme@icfem.org](mailto:gap-programme@icfem.org) & [office@icfem.org](mailto:office@icfem.org)

Website: [www.icfem-mission.org](http://www.icfem-mission.org) &

[www.gap-volunteers.icfem-mission.org](http://www.gap-volunteers.icfem-mission.org)

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\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### **3<sup>rd</sup> Emergency Contact:**

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### **Travel Insurance Details:**

Insurance Company: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Policy Name: \_\_\_\_\_ Your Policy Number: \_\_\_\_\_ Insurance Period: \_\_\_\_\_

What does your policy include?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Doctors Details:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

### **If you have any more details which you think we should know about please state below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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