Please complete electronically

TO BE COMPLETED BY ALL VISITORS TO BAS STATIONS OR RESEARCH SHIPS

VISITING SHIP		_ CRUISE NUMBER	
OR VISITING BASE		PROJECT NAME	
BAS POINT OF CONTA	ACT		
PERSONAL DETAILS			
FIRST NAME (as on			
HOME			
Telephone No (home)		(mobile)	
		(work)	
E-mail (personal)			
Date of birth		Place of birth (Town & Country)	
NI adi ana alida s		NI number	
Nationality Passport number		Place of iccur	
Date of issue		Date of expiry (at least 6 months after return)	
	food allergens/requirements fo		
(Please also complete th	e food allergies/requirements che	ecklist if relevant)	
INSTITUTE 24 HR EM	ERGENCY CONTACT		
NAME (IN FULL)		Telephone No:	
INSTITUTE'S HEALTH	AND SAFETY ADVISOR		
NAME (IN FULL)		Email address	
NEXT OF KIN			
Dolotionobin			

(if different from above)	daytime (if different)		
Email			
SECOND CONTACT	- FOR THOSE TRAVELLING TO THE ANTARCTIC		
Relationship ADDRESS (if different from above) Tel no - home	Title daytime (if different)		
	ACKNOWLEDGEMENT FORM		
How we use your	personal data		
arrange travel to the Protection principle see the UKRI Private Personal information Support team and its second s	RC and UKRI, collects and maintains personal information so that it can e Antarctic. All personal data is managed in accordance with the Data is set out in the Data Protection Legislation. For further information please by Notice https://www.ukri.org/privacy-notice/ on for staff and Antarctic visitors will be available to the Polar Operations may be shared with customs and immigration; handling agents; air travel el agents for the purpose of arranging travel. Located in, but not restricted		
to, the following; So	outh Africa, Punta Arena and Falklands Islands which may not afford the on or privacy rights as the UK. All information will be retained until the end		
W	e request that you acknowledge and agree to the following.		
I confirm that I have	e read, understand, accept and will comply with:		
How We Use Your Personal Data			
 BAS Policy on Alcohol and Drugs Respect at Work – Bullying and Harassment 			
•	nce Cover for Non BAS Staff		
NAME DATE			
•	tions Support Team		

TO: Polar Operations Support Team British Antarctic Survey High Cross, Madingley Road

Cambridge CB3 0ET

Phone: 01223 221458

E-mail: externalvisitors@bas.ac.uk