

PERSONAL QUESTIONNAIRE FOR EXPEDITION PARTICIPANTS

(PLEASE FILL IN BLOCK LETTERS)

Family name/last name		First name		<input type="checkbox"/> male <input type="checkbox"/> female	
Phone office	Fax office	email	Group leader		
Expedition/cruise leg (In case that you take part in more than one cruise leg fill in a separate form for each leg)		Profession	Operational area		
Polarstern proposal number (AWI coordination)		Time period			
Date of birth	Place of birth			Nationality	
Office address		E-Mail Addresses for the weekly report:	Passport number		
			Expiry date		
Private address and phone		Who is to be informed in case of an accident? (Name and phone number):	Are you holder of a Certification of Briefing in Antarctic Environmental Protection according to the national legislation of your country? (please attach Certificate)		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
For cabin reservation Smoker? <input type="checkbox"/> yes <input type="checkbox"/> no		With whom do you want to share cabin?			
Which institution will pay for your flight: <input type="checkbox"/> AWI <input type="checkbox"/> DFG <input type="checkbox"/> Other (please specify):			In case of DFG funding: Are the travel expenses covered by AWI? <input type="checkbox"/> yes <input type="checkbox"/> no		
<p>The AWI organizes group flights to/from port of embarkation/disembarkation for the members of German institutions. Before booking is effected for you, AWI members must present a signed travel application form. If you decide not to take part in the group flight you must arrange your travel on your own. Additional costs are not covered by AWI.</p>					
Participation in outward flight: <input type="checkbox"/> yes <input type="checkbox"/> no		Participation in return flight: <input type="checkbox"/> yes <input type="checkbox"/> no			
Departure airport:		Arrival airport:			
<p>We advise you that your personal data will be recorded by AWI. This notification is effected according to §7 Abs. 3, § 26 Abs. 1 Bundesdatenschutzgesetz issued 27 January, 1977 (BGBl. I S. 291)</p>					
Place/date		Signature of participant			
Place/date		Signature of approved signatory of dispatching institution (e.g. section leader at AWI)			
<p>Please send the signed questionnaire together with the signed original of the Declaration of Indemnity (NOT-AWI-members only), signed copy of ISPS form, copy of approved travel application (AWI members only) and clothing form (members of German institutions only) to</p> <p>Alfred-Wegener-Institut für Polar-u. Meeresforschung, Logistik und Forschungsplattformen, Postfach 12 01 61, D- 27515 Bremerhaven</p>					
Eingang	AL	ISPS	HFE	Kopie AWI-Reiseantrag	Eingang Medizin