

**Personal Information Form**  
**(All fields must be completed)**

First Name			Agency	
Surname			Duty Station	
Nationality			Ethnicity	

**Gender Identity (Tick all that apply)**

I am..

Man	<input type="checkbox"/>
Women	<input type="checkbox"/>
Trans	<input type="checkbox"/>
Trans man	<input type="checkbox"/>
Tran swoman	<input type="checkbox"/>
Non-binary	<input type="checkbox"/>
Genderfluid	<input type="checkbox"/>
None	<input type="checkbox"/>
I identify as...(fill in box)	<input type="text"/>

**Sexual Orientation**

I am...

Heterosexual or Straight	<input type="checkbox"/>
Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Queer	<input type="checkbox"/>
Pansexual	<input type="checkbox"/>
Asexual	<input type="checkbox"/>
I identify as...(fill in box)	<input type="text"/>

**Sex Characteristics**

Do you have an intersex variation? Yes / No / Prefer not to say

**Contact Details**

		Please indicate the best email on which we can reach you
Work E-mail	<input type="text"/>	<input type="text"/>
Personal E-mail	<input type="text"/>	<input type="text"/>
Office Telephone	<input type="text"/>	<input type="text"/>
Mobile Telephone	<input type="text"/>	<input type="text"/>