



# PERSONAL DATA FORM

**IDENTIFICATION – Provide all information in this section**

EMPLOYEE ID	FIRST NAME	MIDDLE NAME (S)	LAST NAME			
DEPARTMENT NAME		SOCIAL INSURANCE NUMBER	UBC STUDENT #	FACULTY	STAFF	STUDENT

**ADDRESS AND OTHER INFORMATION – New hires complete all boxes. Otherwise, provide missing or changed information only**

CURRENT HOME ADDRESS		CITY	PROV/STATE	POSTAL/ZIP	COUNTRY		
PERMANENT HOME ADDRESS (if different from current home address)		CITY	PROV/STATE	POSTAL/ZIP	COUNTRY		
WORK PHONE #	HOME PHONE #	ALT PHONE #	TYPE	WORK EMAIL ADDRESS	SEX	GENDER IDENTITY	BIRTHDATE (YYYY-MM-DD)
			Cell Other				

**EMERGENCY CONTACT INFORMATION – New hires complete all boxes. Otherwise, provide missing or changed information only**

PRIMARY CONTACT NAME		RELATIONSHIP (eg: spouse)	PHONE # - Select →	Home Work Cell Other	Alt PHONE # - Select →	Home Work Cell Other
CURRENT HOME ADDRESS		CITY	PROV/ST	POSTAL/ZIP	COUNTRY	
SECONDARY CONTACT NAME		RELATIONSHIP (eg: spouse)	PHONE # - Select →	Home Work Cell Other	ALT PHONE # - Select →	Home Work Cell Other
CURRENT HOME ADDRESS		CITY	PROV/ST	POSTAL/ZIP	COUNTRY	

**MEDICAL CONDITIONS/ALLERGIES (Optional)**

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**SIGNATURES**

SIGNATURE	DATE (yyyy-mm-dd)

\* Personal information provided on this form is collected pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c.165. The information will be used in the event of an emergency if UBC needs to make contact with your emergency contact(s).