



Translational Health Research Institute (THRI)

# TEMS Profile & Traveller Information

**Please enter all information as shown on your ID used to travel**

Title	First Name	Known as	Middle Name(s)	Surname
Date of Birth	Gender	Home Airport	Employee Type	
Cost Centre	Department	Division/Unit	Location	Position
Work Address		City/Suburb	State	Postcode
Home Address		City/Suburb	State	Postcode
Postal Address		City/Suburb	State	Postcode
Work Phone	Mobile	Home Phone	Fax	Email
Emergency Contact Name	Emergency Contact Phone	Relationship to Traveller		

# WESTERN SYDNEY UNIVERSITY



Special Meals

Seat

Seat Section

**Passport/Visa Details - Please enter all information as shown on your Passport**

Title      First Name                      Middle Name(s)              Surname                      Date of Birth

Passport Nationality      Passport Number      City/State/Country of Issue      Date of Issue      Expiry Date

Country for Visa                      Visa Type                      Expiry

**Membership Details**

Type                      Program Name                      Membership Number

**Bank Details for Reimbursement**

Account Name                      BSB                      ACC #