



Deployment Family Information Form

The following form is to be completed by CAF personnel (REG/RES) and Civilian employees prior to any absence and will help the PEI Military Family Resource Centre (MFRC) gather necessary information so that we may connect with your family (locally or in other regions) in order to offer resources and support programs prior to, during and after your deployment/work-related absence.

Member Information			
Last 3 of Service Number		Surname	Given Name & Initial
Home Unit Name		Home Unit Location	
Deployed Unit		Trade	Reg Force Mbr: <input type="checkbox"/> Res Force Mbr: <input type="checkbox"/> Civilian Mbr: <input type="checkbox"/>
Number of Overseas Deployments		Phone	Email

Family Contacts						
	Primary		Secondary		Tertiary	
First Name						
Surname						
Relationship						
Physical Address:						
Home Phone:						
Mobile Phone:						
Email						
Sign Up for Monthly Electronic Newsletter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your family member(s)/contact(s) live outside of the PEI area, do we have your permission to forward this information to the MFRC closest to them?					Yes <input type="checkbox"/>	No <input type="checkbox"/>



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Children (if applicable)			
Name	Date of Birth	Name	Date of Birth

Additional Family Information
Are there any special considerations that you or your family may have while away (e.g. pregnancy, disability, health or any other special needs)?

Deployment Type, Dates and Location			
Type	Departure Date	Return Date	Location
Training/Course. <input type="checkbox"/>	D/M/Y	D/M/Y	
Deployment <input type="checkbox"/>			
Imposed Restriction <input type="checkbox"/>			
Other _____ <input type="checkbox"/>			

Followed by (if applicable)			
Type	Departure Date	Return Date	Location
Training/Course. <input type="checkbox"/>	D/M/Y	D/M/Y	
Deployment <input type="checkbox"/>			
Imposed Restriction <input type="checkbox"/>			
Other _____ <input type="checkbox"/>			

I acknowledge the information collected by the PEI MFRC will be used solely for MFRC purposes under strict confidentiality in compliance with the *Privacy Code* for Military Family Services Program. Personal information or information of a confidential nature will not be provided to a third party or organization without the first parties written permission, unless required by law. I understand this information may be shared with units, and other MFRC's.

I acknowledge and grant permission for the above information to be entered into a secure database in compliance with the *Privacy Code* for Military Family Services Program as indicated above.

Name: _____

Signature: _____

Date (D/M/Y): _____

Please return this form to Tammy Rayner, PEI MFRC Deployment Coordinator in-person or by email: tammy@pei-mfrc.org.