



RELOCATION NEEDS ASSESSMENT

Please complete all applicable shaded areas. Your responses will help enable SIRVA Global Relocation to understand your relocation needs. Any information received is treated as personal and confidential and will only be released to SIRVA's vendors assisting you with your relocation. Once completed, please email the form to your Consultant.

ASSIGNEE INFORMATION			
Name:		Company:	
Date of Birth:	Gender:	Marital Status:	
Citizenship:		Language(s) Spoken:	
Current Office Telephone Number:		Current Office Fax Number:	
Current Home Telephone Number:		Cell Phone:	
Current Office Email Address:		Personal Email Address:	
Current Home Address:			
Has your work visa been processed & completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what is the expected date of completion?	
TRANSFER INFORMATION			
New Assignment Job Title:			
New Business Address:			
New Office Telephone Number:		New Office Email Address:	
Length of Assignment:		Start Date:	
Manager's Name:		End Date:	
DEPENDENT INFORMATION (if applicable)			
Name of Spouse/Partner:		Spouse/Partner Citizenship:	
Spouse/Partner Date of Birth:		Language(s) Spoken:	
Child's Name	Gender	Date of Birth	Citizenship
Has your family been on assignment before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which country?	
Are you leaving any immediate family members behind? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other dependent(s) who will be moving with you:			



Number of pets being relocated:	Type:	Weight:
DEPARTURE / ARRIVAL DETAILS (if available)		
Departure from Home Country Date:	Arrival in Host Country Date:	
Flight Details:		
Pick Up Location: <input type="checkbox"/> Hotel <input type="checkbox"/> Office <input type="checkbox"/> Airport		
Hotel or Temporary Address:		Telephone Number:
Household Goods Shipment		
Have you moved Internationally before: YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, how did the move go (good and bad)?		
Will you be the main point of contact for the household goods move: YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, who will be?
Do you plan on having your goods delivered to temporary accommodations at destination? YES <input type="checkbox"/> NO <input type="checkbox"/> Not Known at this time <input type="checkbox"/>		
Do you plan on shipping any items of high value (over \$4,000 USD)?		
Do you plan on shipping any items of particular note (collections, items of sentimental value, antiques, etc)?		
Do you intend to ship any automobiles, or alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please provide details
Do you plan on purchasing any new items before your pack date? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, what items?
DISCLAIMER: The above questions are intended to obtain information regarding your belongings and do not necessarily reflect your company's policies, or your specific relocation benefits.		
HOUSING PREFERENCES (if applicable)		
Desired House Hunting Dates:		Desired Occupation Date:
House <input type="checkbox"/> OR Apartment <input type="checkbox"/>	Rent <input type="checkbox"/> OR Purchase <input type="checkbox"/>	Furnished <input type="checkbox"/> OR Unfurnished <input type="checkbox"/>
Monthly Housing Allowance or Rent Amount	Purchase Price	Price includes utilities: <input type="checkbox"/> Yes <input type="checkbox"/> No
Style of House: <input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached		<input type="checkbox"/> One Story <input type="checkbox"/> Two Story
Style of Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Penthouse <input type="checkbox"/> Flat		Desired age:
Building: <input type="checkbox"/> Small <input type="checkbox"/> Large		
Number of:	Bedroom(s)	Bathroom(s)
	Living Room(s)	Dining Room(s)
	Total Rooms	
What are your most pressing questions or concerns about your future home?		
AMENITIES (if available)		
<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Pool <input type="checkbox"/> Gym <input type="checkbox"/> Garage <input type="checkbox"/> Secure Parking <input type="checkbox"/> Fenced in Area <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:		
NEIGHBORHOOD SURROUNDINGS (if applicable)		
Are you familiar with the area? <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No		



Do you have preferred communities you would like to view? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list locations:		
Location	Maximum Commuting Time to Office:	
<input type="checkbox"/> Rural <input type="checkbox"/> Outskirts/Suburbs <input type="checkbox"/> City Center	Via <input type="checkbox"/> Car <input type="checkbox"/> Public Transportation <input type="checkbox"/> Walking	
What should be in close proximity:		
<input type="checkbox"/> Shopping Centers <input type="checkbox"/> Public Transportation <input type="checkbox"/> Schools <input type="checkbox"/> Medical Facilities <input type="checkbox"/> Universities <input type="checkbox"/> Children's Recreation <input type="checkbox"/> Child Care <input type="checkbox"/> Clubs/Organizations <input type="checkbox"/> Other:		
What kind of community/neighborhood do you want to live in?		
CHILDREN'S EDUCATION (if applicable)		
Please list any special needs, concerns or requested curriculum:		
Do you have a preference for the type of school system your children are enrolled in? <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other:		
Child's Name:	Grade Level:	Language(s) Spoken:
Child's Name:	Grade Level:	Language(s) Spoken:
Child's Name:	Grade Level:	Language(s) Spoken:
Child's Name:	Grade Level:	Language(s) Spoken:
What are your biggest concerns regarding your children and their successful educational transition?		
OTHER REQUIREMENTS		
Are there any medical issues or concerns that you may have?		
Hobbies/Interests:		
Preferred forms of entertainment/social activities:		
What else should we know in order to best support your move and meet your needs?		
Please let us know other areas of interest that you and your family have:		



- ☐ Driving Information (license, car purchase or lease procedures)
- ☐ Public Transportation (availability, schedules & fees)
- ☐ School Information (will need to confirm whether transcripts are necessary for the initial school appointments)
- ☐ Local Customs
- ☐ Furniture/appliances (lease or purchase)
- ☐ Finance Issues (banking, ATM, credit cards, exchange chart)
- ☐ Medical Information (hospitals, pharmacies, doctors, emergency numbers)
- ☐ Insurance (renters, homeowners, automobile)
- ☐ Shopping Information

OTHER

- ☐ Security Information
- ☐ Volunteer Opportunities
- ☐ Travel
- ☐ Sports Information (facilities, clubs, spectator)
- ☐ Restaurants
- ☐ Clubs (social and recreational)
- ☐ Inoculations and Vaccination Needs
- ☐ Religious Worship Affiliations
- ☐ Other:

ADDITIONAL COMMENTS

Any additional comments?