

PROFILE FORM

PERSONAL DETAILS:

Full Name:

Email Address:

Phone Number:

Home Address:

City of Residence

Zip Code:

EDUCATION:

Highest Level of Education Completed:

- High School Certificate
- Bachelor's Degree
- Post Graduate Qualification
- Master's Degree
- PhD

Name of Institution(s):

Degree(s) Earned:

OCCUPATION DETAILS:

Occupation:

Job Title:

Industry:

Job Level (e.g. Executive, Manager, Entrepreneur, Specialist):

Employer/ Business Name:

LIFESTYLE & INTERESTS

How would you describe your current income stream?

- Corporate Professional
- Entrepreneurial / Flexible
- Creative / Media
- Other

Specify: _____

SOCIAL TYPE

Which best describes your social style?

- Reserved
- Balanced
- Very Social

EXPERIENCE PREFERENCE

Which experience best holds your interests?

- Live Concert
- Dinner Date
- Hiking Trail
- Live Sports Match Preferred Sport _____

ADDITIONAL EXPERIENCE DETAILS

What are some of your favourite movies?

What type of music genre do you enjoy?

Preferred Vacation Type

Beach

Bush

Camp Site



LIFESTYLE & INTERESTS

How would you prefer your potential partner's income stream to derive from?

- Corporate Professional
- Entrepreneurial / Flexible
- Creative / Media
- Other

Specify: _____

LIFESTYLE & INTEREST

Which best describes your social style?

- Reserved
- Balanced
- Very Social

RELATIONSHIPS INTENTION

What are you hoping to achieve through LinkedHearts?

- Long-term relationship
- Marriage
- Serious dating

FAITH & BELIEFS

How important is faith/ spirituality to you?

Very Important Not Important

What is the denomination of your faith (Christian Church/ African Traditions/ Wholistic Beliefs, etc.)

For Christian church, please state the church name _____

FAMILY DYNAMICS

Do you currently have a child/children? Yes No

Would you like to have children/more children? Yes No Maybe

Would you prefer a partner with children? Yes No Maybe

MEDICAL INFORMATION

What is the current state of your health?

Excellent
 Occasional visits to the doctor or hospitalisation
 Chronic Illness

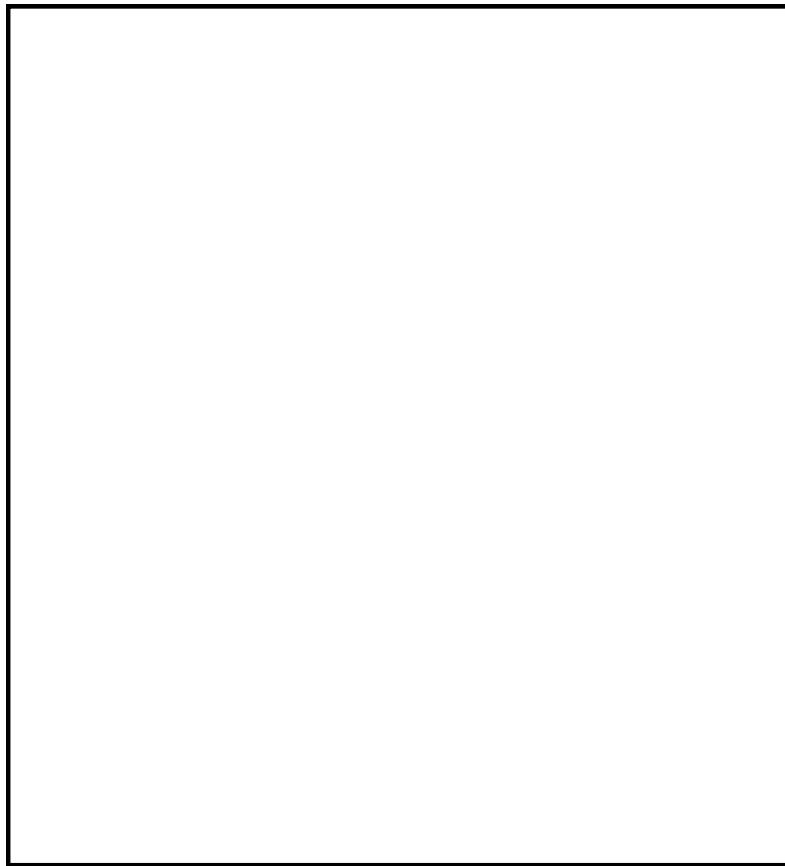
LEGAL INFORMATION

Do you have a criminal record? Yes No

if yes, please state the nature of the crime(s)?



Candidate Picture



APPLICANT'S DECLARATION

By submitting this application, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that any false information may disqualify me from being considered a suitable candidate for LinkedHearts.

Signature:

Date:
