



# EMERGENCY CONTACT FORM

## YOUR PERSONAL DETAILS:

NAME:		
YOUR CONTACT ADDRESS:		
MAIL ID:		
TELEPHONE & MOBILE NUMBER:		
DATE OF ENTRY TO DEPARTMENT:		
POSITION:	DEPARTMENT:	BLOOD GROUP:

## LOCAL CONTACT IN EMERGENCY:

NAME:	RELATIONSHIP to you (Please indicate if this person is your NEXT OF KIN):
ADDRESS:	
TELEPHONE & MOBILE NUMBER:	

## OTHER CONTACT IN EMERGENCY:

NAME:	RELATIONSHIP to you (Please indicate if this person is your NEXT OF KIN):
ADDRESS:	
TELEPHONE & MOBILE NUMBER:	

### Notes

In accordance with DPA principles, please note the following in relation to this form and the data held within it:

- 1 The emergency contact data will be used only for emergency purposes e.g. in the event of an accident in the workplace.
- 2 You should notify the individual(s) you have named above that you have provided us with this information and we will hold this information on file whilst you are employed in the Department.
- 3 The emergency contact data will only be disclosed in emergency situations to appropriate 3<sup>rd</sup> parties, e.g. ambulance service, the NHS and the police, in your immediate health or safety interests.
- 4 It is your responsibility to notify the Departmental Office as soon as possible should any of your contact details change.

I, _____, agree to the conditions stated above.	Date: _____ Signature: _____
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