



St George Housing

EMERGENCY CONTACT FORM

FULL NAME:

YOUR CONTACT ADDRESS :

TELEPHONE NUMBER:

LOCAL CONTACT IN EMERGENCY

RELATIONSHIP to you:

IS THIS PERSON YOUR NEXT OF KIN?

NAME:

ADDRESS:

TELEPHONE NUMBERS

OTHER CONTACT IN EMERGENCY

RELATIONSHIP to you:

(IS THIS PERSON YOUR NEXT OF KIN?)

NAME:

ADDRESS:

TELEPHONE 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 3rd 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 St George Housing Ltd as soon as possible should any of your contact details change.

Completion of this form is voluntary,

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