**Colwall Orchard Group (COG)**

**Working Volunteer Emergency Information Form**

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| **Name**  |
| **Address**  |
| **Postcode**  |
| **Telephone (Home and Mobile)**  |
| **Email**  |
| **Date of Birth**  |
| **Emergency Contact name:** **Relationship to you:** **Contact telephone number:**  |
| **Do you have any physical or mental health conditions or take any medication that we might need to be aware of? For example - allergies, diabetes, special blood group?** |

I understand that this information will be kept securely and confidentially in accordance with the terms of the Privacy Policy which can be found on the COG website. The information provided will be used to help inform emergency first aiders and to contact my designated contact person in the case of an emergency.

**Signed:**

**Dated:**

**Data Protection:** This form will be held by Colwall Orchard Group and details will be held securely on our database online. It will be accessed by appropriate Lead Volunteers should the need arise.  Its purpose is to allow contact to be made with, and up to date information given to, other parties in the event of an emergency involving you.  In an emergency, this sheet may be given to the Emergency Services.

This information is sensitive information under the General Data Protection Regulations and is being collected to promote health, safety and wellbeing whilst volunteering with Colwall Orchard Group. Please gain the consent of your emergency contact to use their personal information. **Return the completed form to either Chris Blake or Lindsay Williams or return via** **volunteers@colwallorchardgroup.org****.**