



Emergency Contact Details

In the event of an emergency or accident at work involving yourself it is important that we are able to contact and inform your nominated person(s) or next of kin of the fact.

Please complete the details below. This information will be kept confidentially in your file along with your contract of employment and supervision notes. The nominated people will **only** be contacted in the event of an emergency or accident.

Should you wish to change these details then please inform the Coordinator and the details on your file will be changed accordingly.

Person(s) to be contacted initially are;

1. NAME :

ADDRESS :

TELEPHONE :

In the event of failing to contact the above please contact;

2. NAME :

ADDRESS :

TELEPHONE :

SIGNED:

DATE:

AdvoCard

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