

EMPLOYEE EMERGENCY CONTACT FORM

DETAILS

Full Name: _____
Home Address: _____
City: _____ Post Code: _____
Home Phone Number: _____ Mobile Phone: _____
Email: _____

NEXT OF KIN CONTACT DETAILS

Full Name: _____ Relationship: _____
Address: _____
Home Phone Number: _____ Mobile Phone: _____

EMERGENCY CONTACT DETAILS

Full Name: _____ Relationship: _____
Address: _____
Home Phone Number: _____ Mobile Phone: _____

MEDICAL CONTACT DETAILS

Please provide details of your GP that you would like us to contact in the event of an emergency:

GP Name: _____
GP Surgery Name: _____
Address: _____
Phone Number: _____ Mobile Phone: _____

- I have voluntarily provided the above contact information and authorise HKN 24/7 Services Limited to contact any of the above on my behalf in the event of an emergency.

Employee Signature _____ Date _____