| [Name of CHARITY] | |
| --- | --- |
| Next of kin information FOR | |
| **RESIDENT DETAILS** | |
| Name: | |
| Date of birth: | |
| Address: | |
| **Contact Telephone Number/s** | |
| Home: | |
| Mobile: | |
| **Next of Kin DETAILS** | |
| Next of Kin Name: | Secondary Contact: |
| Relationship with the above named: | Relationship with the above named: |
| Contact Address: | Contact Address: |
| Telephone (Home): | Telephone (Home): |
| Telephone (Work): | Telephone (Work): |
| Telephone (Mobile): | Telephone (Mobile): |
| In the event of an emergency, I authorise the above named to be contacted. | |
|  |  |
| Signature | Date |

Should any of these details change, please advise in writing immediately to (to be completed by charity contact)

The [Charity Name] is committed to protecting the privacy and security of those with whom we interact. We have a legitimate interest in processing this information. We recognise the need to respect and protect information that is collected or disclosed to us. Information will be used, collected and stored in accordance with applicable Data Protection Laws and our data protection policy. We have put in place appropriate physical and technical measures to safeguard the Personal Information we collect. In the event of an emergency, it may be necessary to disclose this information to a third party.