

STUDENT NEXT OF KIN EMERGENCY CONTACT FORM

STUDENT NAME: (Please include your title)	
YOUR CONTACT ADDRESS:	
TELEPHONE NUMBER:	
COURSE TITLE:	
COURSE START/END DATE:	
HOTEL NAME:	
HOTEL ROOM NUMBER:	
PRIMARY EMERGENCY CONTACT	RELATIONSHIP to you (Please indicate if this person is your NEXT OF KIN):
FULL NAME:	
ADDRESS:	
TELEPHONE NUMBER (home):	
TELEPHONE NUMBER (work):	
TELEPHONE NUMBER (mobile):	
SECONDARY EMERGENCY CONTACT	RELATIONSHIP to you (Please indicate if this person is your NEXT OF KIN):
FULL NAME:	
ADDRESS:	
TELEPHONE NUMBER (home):	
TELEPHONE NUMBER (work):	
TELEPHONE NUMBER (mobile):	

Declaration:

I hereby declare that the details provided above are true and correct to the best of my knowledge and belief and I undertake to inform you immediately of any changes therein.

Student Signature:

Date:

Notes

In accordance with Last Bastion Security 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 during Training
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 Registered student of Last Bastion Security.
3. The emergency contact data will only be disclosed in emergency situations to appropriate 3rd parties. e.g Emergency Services, and only in the interests of your immediate health or personal safety
4. It is your responsibility to notify Last Bastion Security as soon as possible should any of your Emergency contact details change.
5. Completion of this form is voluntary, however, you are required to maintain your current contact details on File with us, throughout the duration of your course.

I, _____, agree to the conditions stated above.

Student Signature:

Date: