

Personal / Emergency Contact Details - Update Form

(i) Personal Details (BLOCK CAPITALS PLEASE)

First Name	Male / Female
Surname	Date of Birth
Address	
	Telephone
	e-mail
Postcode	Local Authority

(ii) Details of Parent/Guardian/Next of Kin

Title (Mr/Mrs/Miss/Ms etc.)	First Name
Address (if different from above)	Surname
	Relationship
	Telephone (home) :
Postcode	(mobile) :
Postcode	e-mail

(iii) Emergency Contact Details

If a client is at Midstream and is acutely unwell, or there is an incident which leads Midstream to consider the client needs to be collected, we will contact the person/s whose details are provided here. The person/s detailed here must be have transport and be available to collect the client at short notice.

First Emergency Contact :

Title (Mr/Mrs/Miss/Ms etc.)	First Name
Address (if different from above)	Surname
	Relationship
	Telephone (home) :
	(mobile) :
Postcode	e-mail

Second Emergency Contact :

Title (Mr/Mrs/Miss/Ms etc.)	First Name
Address (if different from above)	Surname
	Relationship
	Telephone (home) :
	(mobile) :
Postcode	e-mail

(iv) Data Protection

Midstream (West Lancs) Ltd is registered under the Data Protection Act 1998. All the information that you supply on this form will be processed in accordance with the regulations of that Act. We sometimes may need to share the personal information we process with your Local Authority or other organisations e.g. healthcare, social welfare organisations or educators and examining bodies. Where this is necessary we are required to comply with all aspects of the Data protection Act 1988.

(v) Photographs and Films

On occasions we have photographs taken or films produced which may be used in press releases, publications, websites or in social media of our own or of our external partners ; such as the employers we work with or other community organisations we engage with.

I hereby give / I do not give *(please cross out one that does not apply)* my consent for photographs & films to be used containing the image of the client named in section (i)

Signature

Date

(vi) Participating in Off-Site Visits / Working Off-Site

From time to time it will be necessary to arrange visits or work away from the Midstream site. This will involve transportation and supervision by Midstream's staff.

I hereby give / I do not give *(please cross out the one that does not apply)* my consent for the client named in section (i) to participate in off-site visits or work off-site.

Signature

Date

(vii) Declaration

I declare that to the best of my knowledge, all the information contained on this form and on any additional sheets is true and correct.

Signature

Parent / Guardian / Carer (please cross out those that do not apply)

Name in capitals

Date