



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 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

Data Protection

Midstream (West Lancs) Ltd is registered with the Information Commissioner's Office (ICO) Register of Data Controllers. We comply with the Data Protection Regulations (GDPR) 2018. We need the personal information you have supplied on this form for the provision for health/social care or treatment or management of health and social care systems & services on the basis of EU/UK law; and to safeguard, protect and promote the welfare of service users. For the same reasons we may need to discuss/share the information you provide on this form with 3rd parties for example; with local & central government offices; health & social care professionals; educational & examining bodies; or professional carers/advocates. Our full privacy policy can be viewed on line www.midstream.org.uk/policies

Consent

I hereby give permission for Midstream (West Lancs) Ltd to process the data on this form and on any updates, supplements or amendments. Your consent will remain in force until such times that the person to whom this information relates no longer attends Midstream or uses our services.

Client Name

Signature

Date

(BLOCK CAPITALS PLEASE)

Parent / Guardian / Legal Carer (please indicate)

(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

(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