

Staff / Contractor / Volunteer Emergency Details Form

Staff / Contractor / Volunteer Name: Dominic Moffitt

This information will be extremely important in the event of an accident or medical emergency. This form will be kept confidentially in your HR File.

| | | |
|---|------------------------|------------------------------|
| Your Address | | |
| 52/2a Ithaca Road Elizabeth Bay NSW 2011 | | |
| Optional - E Mail address (other than work) | | |
| dlinus@hotmail.com | | |
| Date of Birth | Phone Number(H) | Mobile Number |
| 22/12/1959 | | 0413419203 |
| PLEASE CONTACT IN AN EMERGENCY | | |
| <u>Next of Kin (NOK)</u> (Your Immediate NOK) | | |
| Name | Phone Number | Work or Mobile Number |
| Annabel Moffitt | | 0438236726 |
| Email address | | |
| annabelmoffitt@live.com | | |
| Relationship to you | | |
| Sister | | |
| <u>Emergency Contact</u> (Another relative or friend in case your NOK cannot be contacted in the first instance) | | |
| Name | Phone Number | Work or Mobile Number |
| Sophie Moffitt | | 0414274830 |
| Email address | | |
| sophierafa14@gmail.com | | |
| Relationship to you | | |
| sister | | |
| <u>Voluntary Information</u> | | |
| Medicare Number: | | |
| 241027350 9 | | |
| Doctor Name and contact details: | | |
| Dr Tony Trachtenburg | 93585221 | |
| Blood type (If known) | | |
| If you have any specific health information <i>ie</i> allergies, drug sensitivities, medical conditions that you wish us to have on file in case of an emergency, please note here: | | |

Signature *DMoffitt* Dated 22/7/2020