**Next of Kin / Emergency Contact Form**

(Please complete both sides)

|  |  |
| --- | --- |
| Name of student: |  |
| Matriculation number: |  |
| Name of next of kin / emergency contact: |  |
| Relationship to student: |  |
| Address of next of kin / emergency contact: |  |
| Contact number of next of kin / emergency contact: | Mobile:  Home:  Work: |
| Email address of next of kin / emergency contact: |  |

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| --- | --- | --- | --- |
| Declaration | | | |
| Personal data is any information relating to an identifiable person who can be directly or indirectly identified in particular by reference to an identifier, including a name. If it is possible to identify an individual directly from the information being processed, then that information may be personal data.  The lawful bases for processing are set out in Article 6 of the GDPR. At least one of these must apply whenever we process your personal data. In the case of Next of Kin/Emergency Contact Form, we process data on the basis of Consent. By providing the data in this form, you are giving clear consent for this data to be processed for the purpose of the form.  I confirm by providing this data I am giving consent for it to be processed for the purpose of this form. | | | |
| Signature |  | Date |  |

For more information on the lawful basis on which we process personal data in particular instances, how long it is stored for, whether it is shared with any other parties and your rights regarding accessing your personal data, see our Privacy Statement and Member Data Retention Guide.

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| Medical Information | |
| Please inform us of any relevant medical conditions or medication: |  |