

Employee Next of Kin Information

Please complete this form as accurately as possible.

These details will help us should we need to get hold of you or your Next of Kin urgently or in an emergency.

Employee Details

Employee ID :	
Employee Full Name :	
Current Address :	
E-mail :	
Mobile :	

Medical information/declaration

Do you have any allergies,
Injuries or taking any
medication that we should
know about?
Please List

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Next of Kin Details (a close relative or friend)

Full Name :	
Relationship :	
Address :	
Phone No 1 (with country code) :	
Phone No 2 (with country code) :	
E-mail :	

I hereby authorise West London Immigration Services to hold my data in compliance with The **General Data Protection Regulation (GDPR)**.

I also confirm that I consent WLIS to contact the above next of Kin during emergency or to establish contact of we are unable to contact you for 2 working days.

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Employee Full name

.....
Signature

.....
Date