



Next of Kin Form



Please complete all sections:

Resident's name:

Address:

Postcode:

Tel number:

Business Partner number:

(For office use only)

The following person is my next of kin and can be contacted in case of emergency:

Title:

Name:

Address:

Postcode:

Tel no:

Relationship to resident:

Signed (resident)

Date:

Please note you are free to update or withdraw this authority at any time.

Under the Data Protection Regulation of 2018, we are required to explain to you why we are asking for this information about you, how we intend to use the information you provide and whether we will share this with anyone else.

Please visit www.sanctuary-scotland.co.uk/privacy-statements to read our privacy statements.