Please fill out the form and e-mail it to theresa.hume@globalinitiative.net

Emergency Contact Information Form

To be completed by GI-TOC team members, including pay-rolled staff, remote staff and long-term contractors (when they are paid monthly for a period of 12 months or more) and ad-hoc consultants.

Your information

|  |  |
| --- | --- |
| First Name |  |
| Middle name(s) |  |
| Last Name |  |
| Date of Birth |  |
| Address |  |
| City |  |
| Postcode |  |
| Country |  |
| Telephone Number |  |
| Nationality |  |
| Passport number, issue and expiry date |  |
| Private e-mail (optional) |  |
| Social Media (optional) |  |

Next of kin information

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Relationship to you |  |
| Address |  |
| City |  |
| Postcode |  |
| Country |  |
| Phone number |  |
| E-mail |  |
| Language(s) spoken |  |

EMERGENCY CONTACT (only if different from next of kin)

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Relationship to you |  |
| Address |  |
| City |  |
| Postcode |  |
| Country |  |
| Phone number |  |
| E-mail |  |
| Language(s) spoken |  |