

Bellspire Agency – Emergency Contact Details Form

This form is used to record essential emergency contact information for all employees of Bellspire Agency. The details provided will only be used in the event of a medical emergency or other critical situations concerning the employee during their employment.

Section 1: Employee Information

- Full Name of Employee: _____
- Job Title: _____
- Department / Division: _____
- Employee ID (if applicable): _____
- Date of Birth: ____ / ____ / ____
- Primary Contact Number: _____
- Employee Email Address: _____

Section 2: Primary Emergency Contact

Please provide the details of the first person the agency should contact in case of an emergency.

- Full Name: _____
- Relationship to Employee (e.g., spouse, parent, friend): _____
- Mobile Contact Number: _____
- Alternative Contact Number (home or work): _____
- Email Address: _____
- Full Address: _____

Postcode: _____

Section 3: Secondary Emergency Contact (Optional)

If available, please provide a secondary contact person in case the primary contact cannot be reached.

- Full Name: _____
- Relationship to Employee (e.g., spouse, parent, friend): _____
- Mobile Contact Number: _____
- Alternative Contact Number (home or work): _____

**ADDRESS.**

6-9, The Square, Stockley Park,
Uxbridge, United Kingdom, UB11, 1FW

**CONTACT.**

+44 20 3355 7710

**WEBSITE.**

www.bellspiregroup.co.uk/

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- Email Address: _____
- Full Address: _____

Postcode: _____

Section 4: Employee Consent & Declaration

I hereby confirm that the emergency contact information provided above is accurate and up to date. I give my full consent for Bellspire Agency to use these details to contact my nominated person(s) in the event of a medical emergency or critical incident relating to my wellbeing or safety while under employment with the agency.

- Employee Signature: _____
- Date Signed: ____ / ____ / ____

Section 5: For Bellspire Agency HR Use Only

- Date Form Received: ____ / ____ / ____
- Name of HR Representative Processing Form: _____
- HR Signature: _____
- Date Processed: ____ / ____ / ____

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