**Halls of Residence Emergency Details**

Please add your photograph here

**Student Details**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Gender** | **Date of Birth** | **Room Number** |
|  |  |  |

|  |  |
| --- | --- |
| **Mobile Number** | **Email Address** |
|  |  |

|  |
| --- |
| **Please provide information about any disability or long standing illness below. You should also include details about any medication that you are taking** (*this information may be required in an emergency situation where Ambulance/Emergency Services are called***)** |
|  |

**Please provide details of an emergency contact person below** *(For example, a family member or close friend that you would like us to contact in the event of an accident or emergency)*

**Emergency Contact Person**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Mobile Number** | **Home telephone number** | **Email Address** |
|  |  |  |

|  |
| --- |
| **Relationship to you** *(e.g. Mother/Father/Sibling/Friend)* |
|  |

***Note: This information will be used by Accommodation Services and Resident Tutor staff and may be shared with other University departments where necessary. In an emergency situation your emergency contact person may be contacted and your personal details and medical information will be shared with the emergency services.***