



NEXT OF KIN NOTIFICATION DETAILS

To all exercise personnel,
If this is your first exercise, please fill this form out and give back to Operation Flinders.
If your details below haven't changed please disregard.

STAFF MEMBER PERSONAL DETAILS

DOB..../...../.....

Staff Member surname:Given names.....

Home address:
.....P/Code.....

PH: (Home).....(Work)(Mob).....

Email.....

Blood Group.....

Medicare No:..... Ambulance Cover Yes No

NEXT OF KIN/EMERGENCY CONTACT DETAILS

SURNAME:.....FIRST NAME:.....

RELATIONSHIP:.....

CONTACT ADDRESS:.....
.....STATE:.....P/CODE:.....

PH: (work).....(home).....(mob).....

Signature of Staff member providing above details.....Date..../..../....

This form is to be filled out by all Staff prior to attendance at any Exercise.
It will be kept under 'In Confidence' cover at the Exercise HQ.
Please complete and return to the Admin Manager at the Information Evening