

## VOLUNTEER STEWARD EMERGENCY CONTACT FORM 2023 CONFIDENTIAL

Please complete this form, seal it in an envelope with your name on the front, and hand it to the Stewards' Coordinator on arrival at the Honey Tent.

Your name							
Your address							
Date/s of attendance (please tick)	Tues 20th	Wed 21 <sup>st</sup>	Thur 22 <sup>nd</sup>	Fri 23 <sup>rd</sup>	Sat 24 <sup>th</sup>	Sun 25 <sup>th</sup>	Mon 26 <sup>th</sup>
Medical Conditions		Please provide information about any medical conditions or allergies					
rugs carried:							
. 400 00111001							
Primary emergency	contact						
Name							
Address							
Phone number		Home:			Mobile:		
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Relationship Secondary emergen	cy contact				THOUSE C.		
Relationship Secondary emergen Name	cy contact	Home:			Mobile:		

## Notes

Please note the following in relation to this form and the data held within it:

- 1. The emergency contact data will be used only for emergency purposes e.g in the event of an accident.
- 2. You should notify the individual(s) you have named above that you have provided us with this information and we will hold this information on file whilst you are volunteering at the Highland Show.
- 3. The emergency contact data will only be disclosed in emergency situations to appropriate 3<sup>rd</sup> parties, e.g. ambulance service, the NHS and the police, in your immediate health or safety interests.
- 4. Completion of this form is voluntary.

We respect your privacy. For full details see www.scottishbeekeepers.org.uk

Note: If unused, this form will be destroyed, unopened, at the end of the show.