Emergency Contact Information

As part of your Western Program Alliance registration, you are required to complete the Emergency Contact information below.

Once complete, please upload the form against the competency requirement.

Please note that **all sections must be completed** before you may submit this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **INDUCTED PERSON DETAILS** | | | |
| First name | |  | |
| Surname | |  | |
| Date of birth | |  | |
| Phone number | |  | |
| Do you have any medical conditions? | | Yes  No  Please describe: | |
| Do you have any allergies? | | Yes  No  Please describe: | |
| Do you agree to allow the above information to be given to your immediate supervisor and to the project first aid/medical attendant for use in an emergency situation?  Yes  No  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **EMERGENCY CONTACT** | | **SECONDARY CONTACT** |
| Contact name |  | |  |
| Contact number |  | |  |
| Relationship to you |  | |  |

Pegasus Personal Information Sheet

|  |  |
| --- | --- |
| **EMPLOYMENT HISTORY** | |
| Previous employer |  |
| Role |  |
| Date started |  |
| Date finished |  |
| Reference contact name and contact details |  |
| Previous employer |  |
| Role |  |
| Date started |  |
| Date finished |  |
| Reference contact name and contact details |  |
| Previous employer |  |
| Role |  |
| Date started |  |
| Date finished |  |
| Reference contact name and contact details |  |