

RT001A – Emergency Contact Details Form

Related Policy: RT001 – Lone Working Policy

Written and Agreed: August 2026

Review Date: August 2027

CONFIDENTIAL

This form provides emergency contact information for each therapist working with Rutland Therapists. The information will be stored securely and will only be accessed where there is a genuine concern for the therapist's safety or wellbeing, or in an emergency.

Therapist Details

Therapist Name:

Mobile Number:

Primary Emergency Contact

Name:

Relationship to Therapist:

Contact Number:

Alternative Contact Number (if applicable):

Secondary Emergency Contact – Optional

Name:

Relationship to Therapist:

Contact Number:

Consent and Declaration

I consent to Rutland Therapists holding the emergency contact information provided on this form for the purposes of supporting my safety when lone working.

I understand that my nominated emergency contact may be contacted where:

- there is a genuine concern for my safety or wellbeing;
- I have failed to complete an agreed check-in or check-out and attempts to contact me have been unsuccessful; or
- an emergency has occurred and contacting my nominated person is considered appropriate.

I am responsible for informing Rutland Therapists if these details change and for completing an updated form where necessary.

Therapist Name:

Signature:

Date:

Review

Details reviewed on: _____

Changes required: Yes / No

If yes, a new form should be completed.

Data Protection: This form contains personal information and must be stored securely. Access should be limited to those who may reasonably need the information in an emergency. Each therapist working with Rutland Therapists is responsible for maintaining their own appropriate registration with the Information Commissioner's Office (ICO) and complying with applicable data protection requirements.