

**Change of details form**

Staff/Volunteer name……………………………..

Date ………………………

|  |  |
| --- | --- |
| New name |  |
| New address |  |
| New postcode |  |
| Telephone |  |
| Mobile |  |
| email |  |
| Emergency contact name |  |
| Emergency contact telephone |  |
| Emergency contact relationship to you |  |
| Any medical conditions we should know e.g. epilepsy, hearing impairments, relevant medication |  |

This form is for completion when you have changes to your name and address, contact details and/or medical conditions. Please email to deb.oldmillfoundation@gmail.com or send to Deb at The Old Mill, Hendy Road, Penclawdd, SA4 3XE.