ACQUIRED BRAIN INJURY IRELAND

Consent Form to Release Emergency Contact Details

Please read the information below carefully. This form is often completed incorrectly which can delay processing referrals. Please sign this form if you are the person who is named as an Emergency Contact.

Why: We ask for contact details of a person that we can contact in the unlikely event of an emergency. This is called an Emergency Contact. An example would be where the person becomes ill during a session with a Step Ahead Plus staff member and we would phone the emergency contact to let them know.

Who: This is usually a family member, close friend, or trusted neighbour. For example:

John Murphy has a brain injury and is the person being referred to Step Ahead Plus.

Mary Smith is his friend and has agreed to be John's emergency contact. Mary will tick the boxes and sign this emergency contact form.

How to consent:

- I give my permission to Step Ahead Plus, Acquired Brain Injury Ireland (ABI Ireland) to hold my name and contact information.
- This may be used in the event of an emergency relating to the person being referred to Step Ahead Plus.
- I understand that ABII will keep my information on a secure electronic database and in a paper copy that is kept safe.
- My information, written and electronic, will be held only for use by the Step Ahead Plus service. This is in line with the Data Protection Act 2003.
- I understand that ABII will not share my information with anyone outside of ABII without my consent.
- If I want to withdraw my consent, I will write to ABII to tell them.
- If I withdraw my consent, it will not apply to my information that has already been shared.

Please tick the relevant box for this statement.

I agree to Acquired Brain Injury Ireland collecting and storing my information. YES ☐ NO ☐

This form is to be signed by the emergency contact. Please do not sign this form if you are the individual being referred to Step Ahead.

Name of Person being referred to Step Ahead Plus (Block letters): .....

Name of Emergency Contact (Block letters): .....

Signature of Emergency Contact:

Phone number of Emergency Contact:

Date:

Your relationship to the person being referred (circle one):

Next of kin | Next friend | Parent | Legal guardian.

Reg charity no. 20046200 | CHY14289

Rialtas na hÉireann
Government of Ireland

Arna chomhchistiú ag an Aontas Eorpach
Co-funded by the European Union

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government supporting communities

This project is co-funded by the Government of Ireland, through the Department of Social Protection, and the European Union.