**CONSULTANT NEXT OF KIN**

**CONSULTANT NAME: XXX**

**DATE COMPLETED ……….**

|  |  |  |  |
| --- | --- | --- | --- |
| **Next Of Kin** |  | **Second Next of kin** |  |
| Name |  | Name |  |
| Address |  | Address |  |
| House name / number | House name / number |
| Street Name | Street Name |
| Town / City | Town / City |
| County | County |
| Post Code | Post Code |
| Country | Country |
|  |  |
| Relationship |  | Relationship |  |
| Phone number: |  | Phone number: |  |
| Alternative number: |  | Alternative number: |  |

I understand it is my responsibility to notify EPI if any of the above details change as soon as possible.