# Change of Contact Details Form



To ensure the RNLI has your up to date details, if your address or emergency contact details change, or if you change your name please complete and return this form to the HR Services Team in Poole.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Current Name: | | | | | |  | | | | SAP Number (if known): | | | | |  | |
| \*Date of Birth: | | | | | |  | | | | \*Area working in during season: | | | | |  |
|  | | | | | | | | | | | | | | | | |
| Your new name | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| If your name has changed through marriage, civil partnership, divorce or deed poll please complete the below with your new details. Note you will also need to provide the HR Services Team with a copy of the official name change document.  Please complete your name in full as it appears on the official document, including any middle names. | | | | | | | | | | | | | | | | |
| Title: |  | First name: | | | | | |  | | | Known as: | | |  | | |
| Middle name(s): | | |  | | | | | | Surname: | | |  | | | | |
| Date changes effective from: | | | | | | |  | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| Your new contact details | | | | | | | | | | | | | | | | |
| If your contact details have changed, please complete the below. (If you are not living at home during the season, please provide your UK contact address). | | | | | | | | | | | | | | | | |
| Address line 1: | | | |  | | | | | Postcode: | | | |  | | | |
| Town: | | | |  | | | | | County: | | | |  | | | |
| UK Phone Number: | | | |  | | | | | Work Phone: | | | |  | | | |
| Mobile Phone: | | | |  | | | | | Email Address: | | | |  | | | |
| Date changes effective from: | | | | | | |  | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Your new emergency contact details | | | | | | | | | | | | | | | | |
| If the contact details of the person the RNLI should contact in the event of an emergency have changed, please complete the below. | | | | | | | | | | | | | | | | |
| Emergency contact name: | | | | | | |  | | | | | | | | | |
| Relationship: | | | | | | |  | | | | | | | | | |
| Address line 1: | | | | |  | | | | Postcode: | | | |  | | | |
| Town: | | | | |  | | | | County: | | | |  | | | |
| Home Phone Number: | | | | |  | | | | Work Phone: | | | |  | | | |
| Mobile Phone: | | | | |  | | | |  | | | | | | | |
| Date changes effective from: | | | | | | |  | | | | | | | | | |
| I hereby give the RNLI permission to communicate with me via email to me personal email address and via text to my personal mobile phone. | | | | | | | | | | | | | | | | |
| Signed (enter name): | | | | | | | | | Date: | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Once this form is complete, please email to HR\_Services@rnli.org.uk, or alternatively print and take with you to your induction. Please ensure mandatory fields with an \* have been completed. Where an address has changed, please ensure the first line of address and postcode if applicable has been completed. | | | | | | | | | | | | | | | | |

*By completing this form you are consenting to the RNLI using the information in keeping with data protection legislation. We never give your information to other organisations for marketing purposes. Your details will be used by the RNLI and passed to RNLI trading companies. We would only give your data to another organisation with your express consent or if required to do so by law.*

HR Services Team, West Quay Road, Poole, Dorset, BH15 1HZ