# MSF – Austria

Emergency contacts

Please indicate who you would like to have contacted by MSF in case of emergency! Please provide a minimum of 2 contacts!

I herewith declare that I have informed my selected emergency contacts about the purpose and the fact, that their personal data are saved within the HR department of MSF Austria and MSF CZ (signature or email confirmation from emergency contact is attached).

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Name

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Place, date Signature

**Emergency Contacts**

**Emergency Contact 1**

Name:

Relationship:

Phone n°(h):

(w):

(cell):

Full Address:

Personal Email:

Language(s) spoken:

Why was this person chosen as emergency contact?

By signing below, I expressly acknowledge that I am aware of the information requirements under data protection law. I understood that my personal data above will be stored by *Ärzte ohne Grenzen / Médecins Sans Frontières (MSF)* Austria and Lékaři bez hranic, o.p.s. / *Médecins Sans Frontières (MSF)* Czech Republic because I am serving as emergency contact for the person stated above.

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Date Signature

**Emergency Contact 2**

Name:

Relationship:

Phone n°(h):

(w):

(cell):

Full Address:

Personal Email:

Language(s) spoken:

Why was this person chosen as emergency contact?

By signing below, I expressly acknowledge that I am aware of the information requirements under data protection law. I understood that my personal data above will be stored by *Ärzte ohne Grenzen / Médecins Sans Frontières (MSF)* Austria and Lékaři bez hranic, o.p.s. / *Médecins Sans Frontières (MSF)* Czech Republic, because I am serving as emergency contact for the person stated above.

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Date Signature