



REGISTRATION FORM

The following questions are asked in order to assist you in an emergency situation when you may not be able to provide the information required by those assisting you.

Mr / Mrs / Miss / Ms / Dr / Other (please circle)

GIVEN NAME: Name you prefer to be known as:

SURNAME:

RESIDENTIAL ADDRESS:

.....

POSTAL ADDRESS: (if different from above)

TELEPHONES: HOME: WORK: MOBILE:

EMAIL ADDRESS:

YOUR BIRTHDATE: COUNTRY OF BIRTH:

LANGUAGE SPOKEN AT HOME: IS AN INTERPRETER NEEDED?.

PERSONAL EMERGENCY RESPONSE SYSTEM

Are you connected to a personal emergency response system? eg VitalCall

Yes ☐ No ☐

If YES name of service:

NOTE: This Register does not replace Personal Emergency Response Systems

DOCTOR'S NAME:

ADDRESS: **TELEPHONE:**

HEALTH PROBLEMS: Do you suffer from chronic illness, allergies etc which would require immediate assistance?

Yes ☐ No ☐ If YES would you please specify

DISABILITY CONDITIONS: Do you have any disabilities which restrict your mobility, independence or ability to perform activities within your daily life?

Yes ☐ No ☐ If YES would you please specify

PHARMACY NAME:

ADDRESS: **TELEPHONE:**

SPOUSE/PARTNER/OR ANY OTHER MEMBERS OF THE HOUSEHOLD

SURNAME: **GIVEN NAME:**

Each resident of the household who wishes to become registered with the Geelong Community Support Register will need to complete a separate Registration Form.

NEXT OF KIN OR EMERGENCY CONTACT (person not residing with you)

*** Are your emergency contacts aware that you are part of the Register and that you are providing their details?**

NEXT OF KIN OR EMERGENCY CONTACT 1

NAME: **RELATIONSHIP:**

ADDRESS

TELEPHONES: HOME: **WORK:** **MOBILE:**

NEXT OF KIN OR EMERGENCY CONTACT 2:

NAME: **RELATIONSHIP:**

ADDRESS

TELEPHONES: HOME: **WORK:** **MOBILE:**

HOUSE KEY

Do you leave your house key with anyone permanently?

Yes ☐ No ☐

If YES, please provide the contact details.

NAME:

ADDRESS:

TELEPHONE: RELATIONSHIP:

Do you keep a house key outside your home in a key-safe?

Yes ☐ No ☐

If YES, where is the key safe located?:

What is the access code number?:

Do you have a spare house key located elsewhere on your property?

Yes ☐ No ☐

If YES, where is the spare key located?:

TELEPHONE CALL SERVICE

The Register can keep in touch with you by telephoning on a regular basis. Volunteers will ring to ascertain if all is well with you and to establish whether you have any security concerns.

Would you like volunteers to telephone you on a regular basis?

Yes ☐ No ☐

If YES which day of the week? Tuesday or Wednesday ... Would you prefer weekly or monthly?

If monthly would you prefer the 1st, 2nd, 3rd or 4th week of the month?

*** It is important to advise the Register if you will not be home on your allocated day.**

PETS

Do you have any pets?

Yes ☐ No ☐

If YES Dog/s ☐ (Please indicate breed).....

Cat/s ☐ Bird/s ☐ Other ☐

Name/s of pet/s:

Would your pet/s become aggressive if approached by strangers during an emergency? Yes ☐ No ☐

If you were absent who would look after your pet/s?

NAME: TELEPHONE:

Other details:

REFERRAL

Please help us promote our Register by telling us how and where you have heard about us:

Doctor	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Care Worker	<input type="checkbox"/>	Newspaper article or advertisement	<input type="checkbox"/>
Council office	<input type="checkbox"/>	Library	<input type="checkbox"/>
Service Club	<input type="checkbox"/>	Senior Citizens Club	<input type="checkbox"/>
Neighbourhood House	<input type="checkbox"/>	Family Member	<input type="checkbox"/>
Community Health Centre	<input type="checkbox"/>	Police Officer/Police Station	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>	Geelong Support Register Volunteers	<input type="checkbox"/>
Any other (please specify).....			

DISCLAIMER:

I hereby authorise the Geelong Community Support Register to record my personal details given herein. I acknowledge that they will be kept confidential and accessed only by authorised volunteers of the Geelong Community Support Register or members of Victoria Police.

SIGNED: DATED:

WHEN YOUR DETAILS ARE REGISTERED ON OUR DATABASE YOU WILL RECEIVE:

An Information Pack containing:

- A laminated Identity Card for your purse or wallet
- An individual Identification Tag for insertion into a key ring
- A fridge magnet giving our contact details
- A window sticker to be located near your entrance door which alerts emergency personnel that your property is registered with the Geelong Community Support Register

*** If your details change, please notify the Register.**