

Registration - Persons Requiring Special Assistance in a Disaster/Evacuation

For enquiries or assistance with completing this form please phone
Central Highlands Regional Council on 1300 242 686.

CONFIDENTIAL DOCUMENT

Details of person being registered	Name:	
	Address:	
	Telephone:	
	Mobile:	
	Fax:	
	Email:	

Do you live alone? If not, how many people live there?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Contact person who can provide special assistance, support and/or information. (eg. parent, sibling, etc)	Name:	
	Telephone:	
	Email	

Do you wish us to contact them if you need to be evacuated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Description of special requirements. (eg. use a wheelchair, requires transport to hospital)	
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Do you have life sustaining equipment in the house that will also need to be transported?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify; eg. oxygen	
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Details of person/group providing this information? (if not the person being registered)	Organisation: (if applicable)	
	Name:	
	Address:	
	Telephone:	
	Mobile:	
	Fax:	
	Email:	

Relationship to the person being registered?	
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Do you have their consent to make this registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details of consent:
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Do you have any other details to assist with supporting the person being registered in a timely and appropriate manner?	
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Full Name:	Signature:	Date:
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Please notify Central Highlands Regional Council if your circumstances change. Council keeps this information active on register for 12 months. Please update your information every 12 months (even if just a call to say that your information is still current) to stay active on Council's register.

The collection of this information is authorised under the *Disaster Management Act 2003*. This information will be used by Council when a disaster or event occurs to inform the local SES Controller to assist you with evacuation. Unless authorised by law, your personal information will not be disclosed to any third party without your consent. More information about privacy management in the Central Highlands Regional Council is available on our website www.centralhighlands.qld.gov.au

PLEASE SEND YOUR SPECIAL NEEDS REGISTRATION FORM TO:

Central Highlands Regional Council
 Attn: Community Development Officer (Blackwater Office)
 PO Box 21
 EMERALD Q 4720

COUNCIL USE ONLY
ECM: Community Development Officer (Blackwater)
Received by: _____ Date: _____ Updated on Register by: _____ Date: _____