



Macedon Ranges Community Register Application

Your answers to the following questions will inform those assisting you in an emergency situation when you may not be able to provide the information required yourself. Please print your responses clearly.

Mr Mrs Miss Ms Other (please specify): _____

Surname: _____ Given name/s: _____

Residential address: _____ P'code: _____

Postal address: _____ P'code: _____

Telephone: _____ Mobile: _____

Email: _____ Date of birth: _____

Language spoken at home: _____ Do you require an interpreter? Yes No

Do you have a key safe? Yes No If yes, what is the PIN number? _____

In the event of an emergency, it is strongly advised that each of your emergency contacts has a key to your home or you have a key safe located on your property. If provided, your key safe number is kept with your information on a secure database and will be used only if Emergency Services need to gain entry to your home in case of a personal emergency.

Next of Kin or Emergency Contacts

It is important that all contacts sign the space below to indicate that they are aware they are listed as a designated contact person. Volunteers working on the register have undergone Police checks and relevant training and will have access to the information contained on this form.

First emergency contact

Name: _____ Relationship: _____

Address: _____ P'code: _____

Telephone (H): _____ Telephone (W): _____ Mobile: _____

Do they have a key? Yes No Signature of contact: _____

Second emergency contact

Name: _____ Relationship: _____

Address: _____ P'code: _____

Telephone (H): _____ Telephone (W): _____ Mobile: _____

Do they have a key? Yes No Signature of contact: _____

Medical information

Doctor's name: _____ Phone: _____

Preferred hospital: _____

List relevant health conditions (optional) _____

List relevant medications e.g. insulin, heart medication: _____

Do you receive Home Care services through Macedon Ranges Shire Council? Yes No

Do you use portable oxygen equipment? Yes No

Do you have mobility problems? Yes No

Do you use a walking aid? Yes No

If yes, what type? _____

Are you connected to a personal Emergency Response System? (e.g. Safety Link) Yes No

If yes, what is the name of the service? _____

Telephone call

Our volunteers can call you between 9.30am and 11.00am on Tuesday or Wednesday to check that you are alright and discuss any security concerns. No calls are made on public holidays or during the Christmas/New Year period when Council offices are closed.

Would you like us to keep in touch by phoning you? Yes No Preferred day: _____

How often you would like to be called? Weekly Fortnightly Preferred time: _____

Identity Card

Each person on the Macedon Ranges Community Register is issued with an identity card. Your identity card provides information to emergency services in the event of an emergency involving you while you are away from home. While you may not wish to receive a phone call from us, you can still have your relevant details kept on our secure data base in case of an emergency. Please carry your card with you at all times.

Pets

Do you have any pets? Yes No If yes, please indicate types and names below

Would any of your pets be distressed if a stranger approached? Yes No

If you were away due to an emergency who would look after your pets? _____

How can this person be contacted? _____

Disclaimer

I understand that the information collected on this form may also be shared with the Macedon Ranges Shire Council Emergency Response Team and may be used by them in times of an emergency, such as extreme weather or fire. It may also be released to other emergency services in the event of an emergency.

I understand and agree that my details will be entered on a confidential database that will only be accessed to update my personal information or in case of an emergency.

I also agree that neither the said Council nor the said Macedon Ranges Community Register shall be liable for any subsequent loss suffered by me due to theft of or misuse of our key and or the above information.

Signed: _____ Date: _____

Return this application to: Macedon Ranges Community Register, PO Box 151, Kyneton VIC 3444 or place it in a sealed envelope and drop it into your local police station or Council office. **Do not email this application.**

