

Registration Form

Registrant Details

| | | | |
|------------------|--|----------------|--|
| Preferred Name: | | | |
| Preferred Title: | | Date of Birth: | |
| Mobile: | | Landline: | |
| Email: | | | |
| Street Address: | | | |
| Postal Address: | | | |
| Language: | | Interpreter: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Emergency | No 1 Contact | No 2 Contact |
|---------------|--------------|--------------|
| Name: | | |
| Relationship: | | |
| Phone Number: | | |
| Location: | | |

Medical & Legal Contact Information

| | | | |
|--------------------------|--|-----------|--|
| Doctor's Name: | | Phone No: | |
| Doctor's Address: | | | |
| Legal Power of Attorney: | | Phone No: | |

Home Access Details

| | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| Spare Key Location: | | Key Pad Code: | |
| Other Residents: | | | |
| Issues that may impact abilities/mobility | | | |
| Pets: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pet Species: <input type="text"/> |
| Pet Friendliness: | | | |
| Pet Carer: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Carer Name: <input type="text"/> |
| Pet Carer Contact Details: | | | |

| | | |
|--|------------------------------|-----------------------------|
| Would you like to receive phone calls? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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|----------------------------|----------------------|
| How did you hear about us? | <input type="text"/> |
|----------------------------|----------------------|

Privacy Notice

Your Information and the Community Register



It is important that you read and understand the following.

The Community Register is operated by the Bellarine Community Support Register Inc. and is supported by Victoria Police. Joining the Register is voluntary and there is no application fee.

This Application Form asks you for the information we need for the Register, so that we can:

- List your details on the Register for use in emergencies
- Issue you with an Identification Card, and
- Offer you other services such as a regular phone call from a volunteer.

Providing us with the requested information is not required by law. However if you choose not to provide us with the requested information, we will not be able to add your details to the Register.

The Bellarine Police Station has 24-hour access to information held on the Register. Police will use your information only in support of the Register's objectives, such as checking on you at your home if you have not answered a scheduled call from Register volunteers.

Once accepted on the Register, you will be issued with an Identification Card. It is recommended that you carry the card with you at all times. In the event of an emergency, somebody such as a Police Officer or Ambulance Officer can use your Identification Card to contact the Register and find out your details, or pass a message to your emergency contact person.

We will not disclose your personal information to anybody else unless we are required to do so by law – for example if the information is needed in an emergency or for a law enforcement purpose.

You may request access to your personal information at any time. To access or update your personal information, or for more information on our privacy obligations, ask to speak to one of our volunteers.

I understand that my personal information, and/or the contact details of my nominated emergency contacts, may be released from the Community Register to emergency services if I am in an emergency situation and I am unable to communicate.

In signing this form I am confirming that I agree with all the above.

| | | | |
|------------|--|-------|--|
| Name: | | | |
| Signature: | | Date: | |