

Registration Form

Registrant Details

Preferred Name:			
Preferred Title:		Date of Birth:	
Mobile:		Landline:	
Email:			
Street Address:			
Postal Address:			
Do you have any disabilities, health issues or allergies which restrict your mobility, independence or ability to perform activities within your daily life?			
Please Specify:			
Language:		Interpreter:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Emergency	Primary Contact	Secondary Contact
Name:		
Relationship:		
Phone Number:		
Location:		
Email: <i>(optional)</i> to receive newsletter		

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:	
Pets:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pet Species:
Pet Friendliness:			
Pet Carer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Carer Name:
Pet Carer Contact Details:			

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 BSCR Membership Identification, 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 via a welfare check.

Once accepted on the Register, you will be issued with BCSR Membership ID. It is recommended that you carry this with you at all times. In the event of an emergency, somebody such as a Police Officer or Ambulance Officer can use your Member ID 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.

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.

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

Name:			
Signature:		Date:	

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?

Postal Address: P.O. Box 819 OCEAN GROVE 3226
Mobile: 0480 228 674 on any week day morning between 9.30 am and 12 noon
Email: bpsupportregister@bigpond.com
Website: www.bellarineregister.org.au
Facebook: www.facebook.com/bpcsrinc