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	Name:	
registered	Address:	
	Telephone:	
	Mobile:	
	Fax:	
	Email:	
Do you live alone?	□ Yes	
If not, how many people live there?	□ No	
Contact person who can	Name:	
provide special	Telephone:	
assistance, support	Email	
and/or information.		
(eg. parent, sibling, etc)		
De vou wich us to centest	□ Vee	
Do you wish us to contact	Yes	
them if you need to be evacuated?	□ No	
Description of special requirements.		
(eg. use a wheelchair,		
requires transport to		
hospital)		
110spital)		
Do you have life	■ Voc	
Do you have life	□ Yes	
sustaining equipment in	□ No	
the house that will also	If yes, please specify; eg. oxygen	
need to be transported?		

Details of person/group	Organisation:		
providing this	(if applicable)		
information?	Name:		
(if not the person being	Address:		
registered)	Telephone:		
	Mobile:		
	Fax:		
	Email:		
Deletionship to the person			
Relationship to the person being registered?			
being registered:			
Do you have their consent	□ Yes		
to make this registration?	□ No		
	Please provide details of cons	sent:	
	·		
Do you have any other			
details to assist with			
supporting the person			
being registered in a			
timely and appropriate			
manner?			
7 7	Signature	Date:	
manner? Full Name:	Signature:	Date:	
7 7	Signature:	Date:	
Full Name:			
Full Name: Please notify Central Highlands R	Signature: Regional Council if your circumstand 12 months. Please update your info	ces change. Council keeps this	
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