

REES

Registry for Emergency and Evacuation Situations

Application form to include my details in the database



Overview

The Registry for Emergency and Evacuation Situations is an initiative to better assist people with disabilities or limited mobility when there is an emergency such as flooding, or earthquakes. Its aim is to also help prepare individuals for the unexpected, and to help give emergency responders more information so they might act more towards a person's individual circumstances.

By giving this information, it not only helps you think more about what you can do to prepare before an emergency occurs, but could provide essential assistance afterwards as well, such as evacuation help, and access to essential services you might need.

Start thinking about emergencies before they happen, and make filling out this form part of your plan to be prepared.

Privacy statement

This information is collected and held under the principles of the Privacy Act, 1993, by the Agency listed above.

As such, it shall not be made available to any other person or agency, except for the purpose it is intended: to assist your preparation and evacuation in an emergency or disaster situation. You can request a copy of your information held, and request changes or updates be made to it. You can request to have your details removed from the database.

There are no consequences to not providing specific information, other than emergency services may not be able to act with specific knowledge to your situation.

You can obtain a copy of the principles of the Privacy Act, 1993, by contacting the Agency above.

I understand the above provisions, and authorize that my details are held by the agency above, and could be used to assist in my preparation and/or evacuation in case of emergency:

Print name

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Date

Signature

Title	Mr, Miss, Mrs, Ms, None
First name	
Last name	
Address 1 (Eg 200 Southeast St)	
Address 2 (Eg Southeast St Village)	
Suburb	
Town	
Gender (circle one)	Male Female
Date of Birth	
Disability	List:
Do you need a vehicle ramp, hoist, or assistance getting into a high vehicle?	Yes No Describe if yes:
Essential medication you need to take with you if evacuated	List:
Do you have special medical equipment (EG Dialysis machine, Oxygen etc)	List:
Lead-time (How long do you need to get your things together)	

Name and ph. of person who usually knows where you are. (Circle None if no contact person)	None Details:
Do you have to use a companion health professional when you go out (Eg; a nurse)	No Yes Name and contact ph:
Number of other occupants at the address	
Number of dependents at the address	
Dependent names if any	
Do you have any special exits at your home	
Do you have any modifications to your home (EG; an open room shower)	
Communication (What special needs do you have when communicating with others?)	
Landline (your telephone number/s)	
Mobile (A mobile phone number)	
Pager No.(if any)	
Do you belong to a community support agency	No Yes List if yes:
House description Roof type & colour, house material and colour	
Do you have gas or open fire? List here	