



VICTORIA POLICE



**MANSFIELD
COMMUNITY
SUPPORT
REGISTER**

Mansfield Police | 92 High Street Mansfield 3722
email mcsr@police.vic.gov.au
phone 5775 2555 | fax 5775 1276

REGISTRATION FORM

The following questions are asked in order to assist you in an emergency situation when you may not be able to provide the information required by those assisting you.

Mr / Mrs / Miss / Ms / Dr / Other (please circle)

SURNAME:

GIVEN NAME: Name you prefer to be known as:

RESIDENTIAL ADDRESS (NOT a RMB Number):

.....

POSTAL ADDRESS: (if different from above)

TELEPHONE: HOME: WORK: MOBILE:

EMAIL ADDRESS:

YOUR BIRTH DATE: COUNTRY OF BIRTH:

LANGUAGE SPOKEN AT HOME: IS AN INTERPRETER NEEDED?

DOCTOR'S NAME / CLINIC:

ADDRESS: TELEPHONE:

PHARMACIST'S NAME:

ADDRESS: TELEPHONE:

HEALTH PROBLEMS: Do you suffer from chronic illness, allergies etc which would require immediate assistance?

Yes No If YES would you please specify

.....

DISABILITY CONDITIONS: Do you have any disabilities which restrict your mobility, independence or ability to perform activities within you daily life?

Yes No If YES would you please specify

.....

TELEPHONE CALL SERVICE

The Mansfield Community Support Register (MCSR) can keep in touch with you by telephoning on a regular basis on Monday mornings between the hours of 10:00 am to 12:00 noon. Volunteers will telephone to ascertain if all is well with you and to establish whether you have any security concerns.

Would you like volunteers to telephone you on a regular basis? Yes No

If YES telephone calls will be made Monday mornings.

Would you prefer weekly, fortnightly or monthly?

If monthly would you prefer the 1st, 2nd, 3rd or 4th week of the month?

PERSONAL EMERGENCY RESPONSE SYSTEM

Are you connected to a personal emergency response system? eg MEPACS, Safety Link Yes No

If YES name of service:.....

NOTE: This Register does not replace Personal Emergency Response Systems

SPOUSE/PARTNER/OR ANY OTHER PERSON LIVING IN SAME RESIDENCE

SURNAME:.....GIVEN NAME:

Each resident of the household who wishes to become registered with the Mansfield Community Support Register will need to complete a separate Registration Form.

NEXT OF KIN OR EMERGENCY CONTACT *(person NOT residing with you)*

NEXT OF KIN 1

NAME:RELATIONSHIP:

ADDRESS

TELEPHONE: HOME:..... WORK:..... MOBILE:

NEXT OF KIN 2:

NAME:RELATIONSHIP:

ADDRESS

TELEPHONE: HOME:..... WORK:..... MOBILE:

CURRENT SERVICES

Meals on Wheels	<input type="checkbox"/>	Personal Care	<input type="checkbox"/>	Home Care	<input type="checkbox"/>
Visiting District Nurse	<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	Planned Activities	<input type="checkbox"/>
Community Bus	<input type="checkbox"/>	Home Maintenance	<input type="checkbox"/>	Allied Health	<input type="checkbox"/>
Case Manager	<input type="checkbox"/>	Mansfield Dist. Hos.	<input type="checkbox"/>	Other	

HOUSE KEY

Do you leave your house key with anyone permanently? Yes No

If YES, please provide the contact details.

NAME:

ADDRESS:

TELEPHONE: RELATIONSHIP:

Do you keep a house key outside your home in a key-safe? Yes No

If YES, where is the key safe located?:

What is the access code number?:

Do you have a spare house key located elsewhere on your property? Yes No

If YES, where is the spare key located?

PETS

Do you have any pets? Yes No

If YES

Dog/s (Please indicate breed & name).....

Cat/s (Please indicate breed & name).....

Bird/s (Please indicate breed & name).....

Other Type of pet not listed above

Would your pet/s become aggressive if approached by strangers during an emergency?.....Yes No

If you were absent who would look after your pet/s?

NAME: TELEPHONE:

Other Details: (ie Vet).....

FIRE PLAN

Do you have a current fire / emergency plan in place? Yes No

REFERRAL

Please help us promote our Register by telling us how and where you have heard about us:

- | | | | |
|----------------------------|--------------------------|--|--------------------------|
| Police | <input type="checkbox"/> | Council | <input type="checkbox"/> |
| Doctor | <input type="checkbox"/> | Pharmacy | <input type="checkbox"/> |
| Community nurse/home carer | <input type="checkbox"/> | Newspaper article or advertisement | <input type="checkbox"/> |
| Probus | <input type="checkbox"/> | Promotional Stand (shopping centre or market/fair) | <input type="checkbox"/> |
| Service Club | <input type="checkbox"/> | Senior Citizens Club | <input type="checkbox"/> |
| Neighbourhood House | <input type="checkbox"/> | Family Member | <input type="checkbox"/> |
| Community Health Centre | <input type="checkbox"/> | Police Officer/Police Station | <input type="checkbox"/> |
| Word of Mouth | <input type="checkbox"/> | Mansfield Police Support Register Volunteers | <input type="checkbox"/> |

Any other (please specify).....

DISCLAIMER:

I hereby authorise the Mansfield Community Support Register to record my personal details given herein. I acknowledge that all information will be kept confidential and accessed only by members of Mansfield Police; volunteers assisting the register perform its role and partner agencies.

In the event of an emergency such as fire, heatwave or flood I acknowledge I MAY be contacted by one of the relevant authorised organisations.

NOTE – This is not an undertaking that you will be contacted in such a situation.

SIGNED:DATED:

WHEN YOUR DETAILS ARE REGISTERED ON OUR DATABASE YOU WILL RECEIVE:

An information pack containing:-

- A laminated Identity Card for your purse or wallet
- An individual Identification Tag for insertion into a key ring
- A fridge magnet giving MCSR contact details along with other local services
- A window sticker to be located near your entrance door which alerts emergency personnel that your property is registered with the MCSR