

## Shire of Dowerin – Vulnerable Persons Register Helping us help you in an emergency (All information will be kept confidential and only used for emergency management and welfare purposes.)

## **Personal Information**

Full Name	
Preferred Name	
Date of Birth	
Residential Address	
Suburb	
Phone (mobile)	
Email	
Emergency Contact	
Name	
Relationship	
Residential Address	
Suburb	
Phone (mobile)	
Health & Support Informa	tion
GP/Health Provider	
Medical Conditions	
Medical Conditions cont	
Allergies	
Special Needs	
Mobility/Equipment Needs	
Current Support Services	



ABN: 35 939 977 194

**P** (08) 9631 1202 **E** dowshire@dowerin.wa.gov.au 13 Cottrell Street, Dowerin WA 6461



and the second	0.1	10.00
Livinc	y Situa	ation
	) Ditut	icioni

Lives Alone	□YES	□NO	)	
Pets				
Accessibility Concerns				
Emergency Support Ne	eeds			
Assistance Likely Needed				
Preferred Contact Method	□PHONE	□SMS	□VISIT	
	□OTHER			
Consent I consent to the Shire of Dowe emergency management. My information may be shared w			n for welfare checks a	nd
Signature:		Date: _	//	

