

Reason for registering: (Tick all boxes that apply)

Medical equipment that relies on electricity

Medical equipment type _____

Medical equipment manufacturer _____

Infirm and live alone

Chronic illness

Disabled

Blind

Partially sighted

Deaf

Hard of hearing

Short term illness

Baby under 12 mths

Other

Give more details _____

What signing this form means to you

By signing this form you are confirming that you understand we may pass your details to a statutory agency in order that you may receive priority assistance in the case of an emergency.

Signed _____ Date _____



EASSIE, NEVAY & KIRKINCH
Community Association

COMMUNITY RESILIENCE

EXTRA SUPPORT FOR YOU DURING AN EMERGENCY

Join our
Priority Support Register



Why a Priority Support Register?

Part of our Community Resilience Plan is to identify those in the community who may be vulnerable in the event of an emergency situation so that steps can be taken to check on and ensure their safety.

By keeping a register of those who are most vulnerable we will be able to direct the emergency services, local authority or other agencies quickly to those more in need than others or get items to them that they may need.

Examples would be;

Someone on home dialysis who is reliant on electrical power and would get into difficulty during a power cut.

Someone who requires specialist medicines but runs out during severe winter weather and needs a supply delivered.

Elderly or vulnerable people living alone who would need assistance to move if flooding threatened their home.

A home where there is a baby under 12 months of age.

All information will be safely stored and only shared with the statutory agencies if the need arises and **not** be publicly available.

The register will be reviewed annually by ENKCA Management Committee to ensure accuracy of information.

TEAR OFF THE REGISTRATION FORM

PRIORITY SUPPORT REGISTRATION FORM

Please complete this form and return it to ENKCA at Eassie & Nevey Hall, Balkeerie or hand it to any member of the ENKCA Management Committee

Contact details for the person who may need extra support during an emergency (for example a power cut)

PERSON REQUIRING EXTRA SUPPORT

Title ___ First name _____

Surname _____

Address _____

_____ Postcode _____

Home phone _____ Mobile phone _____

Email address _____

NOMINATED CONTACT PERSON

Relationship _____

Title ___ First name _____

Surname _____

Address _____

_____ Postcode _____

Home phone _____ Mobile phone _____

Email address _____