Vulnerable Persons Support - Consent and Registration Form

(Held securely by Pahiatua Pharmacy)

This register is for people in the community who would like someone to check on them during an emergency. These may include:

- **earthquakes**
- **flooding**
- **storms**
- **extended power outages**

Some people may choose to join this register because they:

- **live alone**
- **have health or mobility concerns**
- **feel vulnerable during emergencies**
- **do not have nearby friends or family support**

Privacy

Your information will:

- **be kept securely**
- **only be accessed by authorised people**
- **only be shared during emergencies or welfare incidents where support may be needed**
- **only be used for community welfare purposes**

In an EMERGENCY your information may be shared with:

- **Civil Defence welfare coordinators**
- **authorised community welfare volunteers**
- **emergency services if required**

The goal is simply to help ensure someone checks that you are safe during an emergency and helps assess any needs you may have.

Full name:	**Preferred first name:**
Address:	**Cellphone:** **Home phone:**
Email address:	
Emergency contact person:	**Emergency contact phone:**
Do you have dogs on the property? (This helps us keep volunteers safe if they need to do a welfare check on you)	

Information you would like volunteers to know (Optional)

Examples:

- **mobility issues**
- **hearing or vision difficulties**
- **medical equipment needing power**
- **communication needs**
- **anxiety during emergencies**
- **other important information**

_____
_____
_____

Consent

Please tick each box:

☐ I understand this register is voluntary.

☐ I understand the purpose of this register is to support welfare checks during emergencies.

☐ **I understand my information will be kept securely.**

☐ **I understand my information may be shared with authorised Civil Defence or emergency welfare responders during an emergency.**

☐ **I understand this register does not guarantee; transport, medical care, or ongoing support.**

☐ **I consent to being included on the Community Welfare Support Register.**

Signature: _____

Date: _____