

Girton Parish Council Emergency Planning Information Form

Please complete one form for each relevant member of the household.

Name: **Age:**

Address:

Postcode:

Telephone:

Mobile:

Email:

Please tick as many of the following as you are able to assist with:

<i>Have you any of the following skills? Note here if retired <input type="checkbox"/></i>		
<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse	<input type="checkbox"/> First Aid
<input type="checkbox"/> Vet	<input type="checkbox"/> Builder	<input type="checkbox"/> Mechanic
<input type="checkbox"/> Electrician	<input type="checkbox"/> Plant Operator	<input type="checkbox"/> Gas safe registered installer
<input type="checkbox"/> Firefighter	<input type="checkbox"/> Engineer	<input type="checkbox"/> HGV Licence
<input type="checkbox"/> Administrator	<input type="checkbox"/> Catering	<input type="checkbox"/> Rescue
<input type="checkbox"/> Amateur Radio	<input type="checkbox"/> Plumber	<input type="checkbox"/> Pharmacist
Other: please specify.		

Have you any hobbies or talents that might be of use in an emergency? If yes, please give details:

Have you any of the following available for emergency use?

Tractor

JCB

Radio transmitter

Trailer

Lifting gear

Portable heater

4x4 vehicle

Heavy lifting gear

Gas cylinders

Lorry

Portable pump

Mobile water tank

Bicycle

Motor cycle

Chainsaw

Blankets

Pillows

Transport

Bus

Sandbags

Megaphone

Camping gas/equipment: please specify.

Other: please specify:

Have you room to accommodate people or pets? Please specify.

Do you have an alternative water supply to your property? Please specify.

Do you have an alternative form of power/heating/lighting? Please specify (oil, gas, calor gas, solid fuel, electricity generator)

Have you any other relevant information? Please specify.

If you are disabled or elderly, would you like the emergency management team to hold your personal details to ensure that you are contacted and cared for in an emergency? Alternatively, if you know someone who is, please give their details to the clerk so that they may be contacted to ask if they wish to be held on the list.

Would you like to offer funding to assist the emergency management team with equipment, photocopying, etc?

Do you have particular skills which would assist the emergency management team to plan?

Do you need to discuss anything else to do with information gathering or your requirements in an emergency?

If you answered "Yes" to any of these questions please contact the Parish Council Clerk

Having completed this form, please

- Print, sign and send the form to the Parish Clerk, or
- Type your name on the "Signed" line and return the form by email.

We shall assume that the owner of the email account consents to the information being used by the Parish Council for emergency planning.

I agree to this information being used by the Community Emergency Management Team and being filed / stored electronically as necessary.

Signed:

Name:

Date: