**Neighbourhood Support gathers this information for two specific reasons:**

1. For group contact members to communicate to you all. Membership numbers are important when we apply for funding to keep the office operating.
2. For Civil Defence emergency list. Kawerau Neighbourhood Support in the time of a declared emergency assists Civil Defence in affected areas using skills and resources we have available.

To help completing this form, here is an explanation of what is needed.

**Household Number and Street Name**: This is to include your street number and/or unit number e.g. 1/22 Smith Street. (Is this clear on your entrance?) If in a rural area, you’re Rapid Number – stating a section does not identify your property.

**Household Members:** Main Household Contact first – Surname and Given names, then all persons residing there. Include your pets in the space provided. This may identify them if they run off.

**Contact Details:** First person land lines may not be operating unless you have an old line and phone. The more contacts the better and if you are a rental home resident, your Land lord’s name would help as they may ring the welfare centre in an emergency to check of their property.

**Skills and Resources:** List specific skills you have that could be used in a civil emergency e.g. Certified Nurse and First Aid – Heavy lifting equipment – Generators

**Urgent Medical Needs: Oxygen machine – Medication – Wheel-chair transport – regular dialysis.** We would endeavour to keep you in your own homes so sharing with your Neighbours things like perishable food, cooked BBQs – so knowing your neighbour before an event makes for a better prepared group, less panic. We are prepared to help set this in place with you.

**Please drop/mail completed forms to the Kawerau Police Station or contact:**

**Kawerau Neighbourhood Support**

c/- Nina Barton****

Kawerau Police Station

Ph: 021 20 21 303

Email: knscoordinator@gmail.com

Kawerau Neighbourhood Support Society Incorporated

**Supporter Registration Form**

**PLEASE** *only fill in as much information as you feel comfortable with, all information given is confidential.*

YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Names of usual Occupants | Work or other address | Phone/Mobiles |
|  |  |  |
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**Burglar Alarm**: YES / NO (circle) **If Yes is Alarm Monitored** YES / NO (circle)

**Person/s who have your authority to act in your absence:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this person have a key YES / NO?

Location of Water Toby (in the event of burst pipes etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Electricity Main Switch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Location of Gas Main:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you or anyone in your household have any medical condition/disability that others in an emergency should know of? (Life saving machine- bed-ridden. Generator)**

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**Special skills/qualifications** that could be called on in an emergency (i.e. First Aid, Plumbing, Building experience etc)

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**List Pets/birds** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any equipment that could be used in an emergency** (i.e. Chainsaw, generator etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please continue on a separate sheet of paper if needed**

**THIS INFORMATION IS FOR USE BY THE KAWERAU NEIGHBOURHOOD SUPPORT IN THE CASE OF AN EMERGENCY. THE INFORMATION WILL BE HELD IN A SECURE PLACE. YOU HAVE THE RIGHT TO ACCESS THE INFORMATION AT ANY TIME AND/OR MAKE CHANGES.**

**THANK YOU FOR YOUR CO-OPERATION IN FILLING OUT THIS FORM**