

# ROMNEY CARES - WORKING TOGETHER TO BE PREPARED

## RESIDENT REGISTRATION FORM

NAME & ADDRESS	
EMAIL ADDRESS: PHONE NUMBER:	
NEXT OF KIN	GP SURGERY
HOW CAN WE HELP YOU?	SHOPPING                      COLLECTING MEDICATION POSTING MAIL                URGENT SUPPLIES FRIENDLY PHONE CALL    DOG WALKING
SIGNED DATE	I AM HAPPY FOR MY INFORMATION TO BE SHARED WITH OTHER PEOPLE PARTICIPATING IN THIS SCHEME.
PLEASE RETURN COMPLETED FORM TO NEW ROMNEY TOWN COUNCIL, <b>(MARKED CONFIDENTIAL)</b> , TOWN HALL, HIGH ST, NEW ROMNEY, TN28 8BT. OR PASS TO A TRUSTED NEIGHBOUR FOR DELIVERY (remember to refrain from any direct contact). Only if you are unable to do either safely, please Tel: 01797 362348 to arrange collection.	
<b>Please heed government advice on COVID-19 and if you have any symptoms then please let us know and refrain from any direct contact with our volunteers. We respectfully, remind all those involved to wash their hands before and after transactions.</b>	
New Romney Town Council will only share and use the information you have provided for purposes of our community response to COVID-19.	

**\*\*\*\* PLEASE BEWARE OF SCAMMERS AT THIS TIME, IF IN ANY DOUBT PLEASE CALL NEW ROMNEY TOWN COUNCIL ON THE NUMBER ABOVE \*\*\*\***