



**New Romney Town Council Community Emergency Plan
Registration Form**



Those persons named below would like to volunteer to provide resources, equipment or skills in a community emergency. [Please tick box]

Please enter any particular skills, equipment and resources you may have in the tables below.

Experience / Qualification	Name and Full Contact Details inc Address / Telephone / Email
Equipment / Resources	Name and Full Contact Details inc Address / Telephone / Email

Vulnerable Persons / Groups

I would like the following details to be included in the 'Vulnerable Persons / Groups' section of the Emergency Plan.

Name of person / centre/ accommodation	Full Contact Details inc Address / Telephone / Email

Signed declaration

[Please ensure that each person named above signs the declaration below]

I have read the Emergency Plan Privacy Statement and give my consent for the above details to be made available to those responding to an emergency affecting our community. I understand that, in accordance with the Data Protection Act (1998), the information will be regularly reviewed and will be handled in the strictest confidence and only used in an emergency situation.

Signatures:

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Names: (Please Print)

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Date: