HAWSTEAD'S EMERGENCY PLAN Questionnaire

In order for the emergency plan to work effectively it would be very helpful to know a little about you and your household. With this in mind, please would you be good enough to complete this questionnaire.

Do you live alone?	If not, how many people are there in your household?
Baby or children under five?	Children between 5 and 16? Elderly over 75?
Disabled person P	erson on essential medication Person in poor health

Please let us know if you or a member of your household has training in any of the following disciplines and would be prepared to come forward in the event of an emergency

First Aider	Paramedic	Doctor	
Nurse	Veterinary surgeon/nurse	Plumber	
Electrician	Builder	Vehicle mechanic	
Other			

Please let us know if you own any of the following and would be happy to make them available in the event of an emergency

Four wheel drive vehicle	Quad Bike	Tractor
Snow Clearing Equipment	Chain Saw	Tarpaulin
Trailer	Generator	Portable Lighting
Portable Heating	Portable Cooking	Water Containers
Wheelchair	Bottled Gas	Caravan
Other		

If you have ticked any of the above and/or would be prepared to help in the event of an emergency, please let us have your contact details

Your name ______ Address _____

Telephone No ______ Mobile No ______

This form can be downloaded from Hawstead Parish Council website <u>www.hawsteadparishcouncil.co.uk</u> completed and returned to <u>geraldinewest@waitrose.com</u> or a hard copy delivered to Kellycroft, opposite the village hall.

Data protection – the information on this form will only used in the event of an emergency. It will be kept secure at all times in line with Data Protection Legislation.