BEACONSFIELD

REGISTRATION FORM
VULNERABLE PERSONS REGISTRY

City of Beaconsfield
303 boul. Beaconsfield, Beaconsfield
514 428-4400 beaconsfield.ca

New Registration ☐	Renewal ☐	Modification ☐	Withdrawal ☐

IDENTIFICATION OF INDIVIDUAL REQUIRING SPECIAL ASSISTANCE

Surname :	**Given Name :**
Gender : M ☐ **F** ☐ **Date of Birth**:	**Email :**
Tel. No. :	**Tel. (Cell) :**
Street No. : **Street :**	**City :** Beaconsfield **Postal Code :**

Living Arrangements: Alone ☐ With Spouse ☐ With Family ☐ In Assisted Living ☐ if so, specify:

Does your dwelling have at least one air-conditioned room? **Yes** ☐ No ☐	**Do you own a pedestal fan?** Yes ☐ No ☐

Number and type of pets (If applicable) :

TEMPORARY ACCOMODATIONS

In the event of a disaster, would you have a suitable dwelling capable of accommodating you should the situation warrant it?
No ☐ Yes ☐ If yes, specify **:**

REASON(S) FOR SPECIAL ASSISTANCE

Impairments ↓ Degree →	**Mild**	**Moderate**	**Heavy**	**Please describe :**
Mobility Limitations	☐	☐	☐	
Hearing	☐	☐	☐	
Visual	☐	☐	☐	
Physical	☐	☐	☐	
Mental Health	☐	☐	☐	
Alzheimer or Dementia	☐	☐	☐	
Intellectual i.e. Autism	☐	☐	☐	

Other, please specify:

MOBILITY AID OR OTHER AID NECESSARY FOR DAILY ACTIVITIES

☐ Crutches	☐ Manuel Wheelchair	☐ Respiratory Aid	☐ Prosthetic/Orthotic
☐ Cane	☐ Motorised Wheelchair	☐ Guide dog	Medication : Yes ☐ No ☐
☐ Rollator	☐ Walker	☐ Other (specify) :	

EMERGENCY CONTACT INFORMATION

1	Surname :	Given Name :	Relationship to vulnerable person :
	Tel. :	Tel. (Cell) :	
2	Surname :	Given Name :	Relationship to vulnerable person :
	Tel. (Cell) :	Tel. (Cell) :	

The City will not be held liable if it is unable to reach you or your emergency contacts with the information collected above.

REPRESENTATIVE OF INDIVIDUAL REQUIRING SPECIAL ASSISTANCE

I consent to the release of my personal information to the City of Beaconsfield by the person listed below for the purposes of creating a registry of vulnerable persons in need of particular assistance in the event of an emergency situation. This authorization may be revoked at all times by the signatory.

Registrant: Vulnerable Person ☐ Spouse ☐ Parent ☐ Tutor ☐ Legal Representative or Mandatary ☐

Surname :	Given Name :

CONSENT TO SHARING OF PERSONAL INFORMATION

As a person requiring special assistance or parent, tutor, legal representative or mandatary of a vulnerable person, I affirm having knowledge of and consent to the following :

- Registration to the registry is a completely voluntary sharing of information ;
- Personal information collected may be disclosed to other law enforcement and emergency services bodies in the event that an emergency alert be declared on the territory of the City;
- All information is collected with the sole purpose of ensuring that in the event of an emergency situation, respondents are better equipped to assist me;
- I agree to release, waive and discharge the City of Beaconsfield, its employees and agents and other law enforcement and emergency services bodies from any and all liabilities resulting or alleged to result from compliance with the foregoing authorization or consent.

I authorize the City of Beaconsfield to disclose relevant personal information to:
CIUSSS ☐ **Service de sécurité incendie de Montréal (SIM)** ☐ **Service de police de la Ville de Montréal (SPVM)** ☐

Signature of Registrant or Legal Representative	signature	**Date** :

ARE YOU SUBSCRIBED TO: Beaconsfield E-newsletter? Yes ☐ No ☐ CodeRed? Yes ☐ No ☐

It is acknowledged that it is your responsibility to ensure that the information collected is current and valid, and that the City of Beaconsfield is notified of any changes to your file.

Please return duly completed and signed form to : City of Beaconsfield - Library Vulnerable Persons Registry 303 boul. Beaconsfield Beaconsfield (Québec) H9W 4A7	**NOTICE OF CONFIDENTIALITY** Personal information contained on this form is collected under the authority of the *Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information* (CQRL, c. A-2.1).

FOR OFFICE USE ONLY

Form received by :	**Letter of confirmation sent by :**
Representative :	**Date of last update :**

Creation date: 2019-07