



**REGISTRATION FORM  
VULNERABLE PERSONS REGISTRY**

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

New Registration <input type="checkbox"/>		Renewal <input type="checkbox"/>		Modification <input type="checkbox"/>		Withdrawal <input type="checkbox"/>	
<b>IDENTIFICATION OF INDIVIDUAL REQUIRING SPECIAL ASSISTANCE</b>							
Surname :				Given Name :			
Gender : M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth:		Email :			
Tel. No. :				Tel. (Cell) :			
Street No. :		Street :		City : Beaconsfield		Postal Code :	
Living Arrangements: Alone <input type="checkbox"/> With Spouse <input type="checkbox"/> With Family <input type="checkbox"/> In Assisted Living <input type="checkbox"/> if so, specify:							
Does your dwelling have at least one air-conditioned room? Yes <input type="checkbox"/> No <input type="checkbox"/>				Do you own a pedestal fan? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Number and type of pets (If applicable) :							
<b>TEMPORARY ACCOMODATIONS</b>							
In the event of a disaster, would you have a suitable dwelling capable of accommodating you should the situation warrant it? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify :							
<b>REASON(S) FOR SPECIAL ASSISTANCE</b>							
<b>Impairments ↓</b>	<b>Degree →</b>	<b>Mild</b>	<b>Moderate</b>	<b>Heavy</b>	<b>Please describe :</b>		
Mobility Limitations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hearing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Visual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Physical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Mental Health		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Alzheimer or Dementia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Intellectual i.e. Autism		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other, please specify:							
<b>MOBILITY AID OR OTHER AID NECESSARY FOR DAILY ACTIVITIES</b>							
<input type="checkbox"/> Crutches		<input type="checkbox"/> Manuel Wheelchair		<input type="checkbox"/> Respiratory Aid		<input type="checkbox"/> Prosthetic/Orthotic	
<input type="checkbox"/> Cane		<input type="checkbox"/> Motorised Wheelchair		<input type="checkbox"/> Guide dog		Medication : Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Rollator		<input type="checkbox"/> Walker		<input type="checkbox"/> Other (specify) :			
<b>EMERGENCY CONTACT INFORMATION</b>							
1	Surname :			Given Name :		Relationship to vulnerable person :	
	Tel. :			Tel. (Cell) :			
2	Surname :			Given Name :		Relationship to vulnerable person :	
	Tel. (Cell) :			Tel. (Cell) :			
<i>The City will not be held liable if it is unable to reach you or your emergency contacts with the information collected above.</i>							
<b>REPRESENTATIVE OF INDIVIDUAL REQUIRING SPECIAL ASSISTANCE</b>							
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 <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Tutor <input type="checkbox"/> Legal Representative or Mandatary <input type="checkbox"/>							
Surname :				Given Name :			
<b>CONSENT TO SHARING OF PERSONAL INFORMATION</b>							
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 :							
<ul style="list-style-type: none"> <li>Registration to the registry is a completely voluntary sharing of information ;</li> <li>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;</li> <li>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;</li> <li>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.</li> </ul>							
I authorize the City of Beaconsfield to disclose relevant personal information to: <b>CIUSSS</b> <input type="checkbox"/> <b>Service de sécurité incendie de Montréal (SIM)</b> <input type="checkbox"/> <b>Service de police de la Ville de Montréal (SPVM)</b> <input type="checkbox"/>							
Signature of Registrant or Legal Representative			signature			Date :	
ARE YOU SUBSCRIBED TO: Beaconsfield E-newsletter? Yes <input type="checkbox"/> No <input type="checkbox"/> CodeRed? Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b><i>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.</i></b>							
Please return duly completed and signed form to : City of Beaconsfield - Library Vulnerable Persons Registry 303 boul. Beaconsfield Beaconsfield (Québec) H9W 4A7				<b>NOTICE OF CONFIDENTIALITY</b> Personal information contained on this form is collected under the authority of the <i>Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information</i> (CQLR, c. A-2.1).			
<b>FOR OFFICE USE ONLY</b>							
Form received by :				Letter of confirmation sent by :			
Representative :				Date of last update :			