

WELFARE REGISTRATION SHORT FORM



You do not have to register, however if you do it will allow you to let friends and family know of your situation if you wish. The information you provide may be passed onto other government agencies involved in the emergency response and recovery.

Do you agree to be registered? Yes No

If registrant is under the age of 17 and not accompanied by a parent, legal guardian or usual caregiver, they **MUST** fill in the Unaccompanied Child or Young Person section of this form.

Under 17?

Civil Defence Centre Information

CDC Location and Name

Date:

General Details

Surname

Given Names

Other Names/Aliases

Date of Birth

DD/MM/YYYY

Gender

Male Female

Not Declared

Residency Status

New Zealand Citizen

Permanent NZ Resident
(Country of residence)

Visiting NZ

Ethnicity

New Zealand European Other

New Zealand Maori

Address

Contact Details

Cell:

Landline:

Email:

Names of family with you (Include contact and address details if different from above)

Name	Address	Contact number
1.		
2.		
3.		
4.		

Do you or your family require assistance with any specific requirements e.g. vision or hearing impairment, access to information wheelchair etc

Yes No

Details:

Proof of ID?

Yes

No

Type of ID (Drivers Licence etc)

ID Number

Immediate Needs

Language	What is your first language?	
Safety and wellbeing	Are you concerned about your safety or wellbeing or that of a family member, or for pets or live-stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Access to support	Is there anything that might make it difficult for you to access support?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Usual support	Do you have someone who can or usually supports you?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:



Rapid Needs Assessment

Do you or your family require any of the following?

On-going food/water <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	Financial assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Clothing, bedding or linen <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	Someone to talk to about what happened? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Prescriptions, doctor etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	Help with affected business <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Specific cultural/religious requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	Accommodation <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Have concerns about a child or young person <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	Need help to contact someone <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Access to toilets, shower, personal hygiene <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	Cooking / heating supplies <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Assistance with your pets, farm or other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:		

Animals (Animals are your responsibility)

Do you have any animals with you <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of animal (EG: cat, dog, etc)	Breed, name and colour

Unaccompanied Child Or Young Person

Presented with <input type="checkbox"/> Alone <input type="checkbox"/> Other	Specify who was accompanying minor: Name: _____ Contact number: _____ Email: _____
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Contact details of parent(s)/legal guardian(s)/other (if known)

Name	Contact	Address	Relationship to Minor
	Cell: Landline: Email:		

Assigned to (who is caring for child or young person?)

<input type="checkbox"/> CDEM Staff member (Specify name and role) Details: _____	<input type="checkbox"/> Other (specify name and contact details) Details: _____
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Police or Ministry for Vulnerable Children, Oranga Tamariki contacted?

Yes (Specify details e.g. Name of Officer, QID, contact number)
 No
 Don't know

Details: _____

Additional Information
