



VICTORIA POLICE

Hobsons Bay
CITY COUNCIL

Hobsons Bay Community Register Application Form

The Hobsons Bay Community Register is a joint initiative between Hobsons Bay City Council, Hobsons Bay Police and Gateway Social Support Options.

The Register is a confidential and secure database of Hobsons Bay residents who are over 50 years of age and residents who have a disability. Volunteers from Gateway Social Support Options ring you regularly to check on your wellbeing, providing comfort and peace of mind. Your personal information is securely held by Gateway Social Support Options at their office.

In the event that you cannot be contacted after a number of attempts, your personal information will be made available to Hobsons Bay City Council and/or Hobsons Bay Police to contact your emergency contact.

In a heatwave emergency, your personal information will be forwarded to the Australian Red Cross where volunteers will ring you daily to monitor your wellbeing.

Your personal details will also be available to emergency services including police, fire and ambulance if required.

If you would like this information in an alternative format, please telephone Gateway Social Support Options on 03 9399 3511.

Section 1: Personal information

1. What is your name and date of birth?

Title: Mr / Mrs / Miss / Ms First Name: _____

Surname: _____

Date of Birth: / /

2. What is your address?

Street Address: _____

Suburb: _____ Postcode: _____

3. Where were you born?

Country of Birth: _____

Your preferred spoken language: _____

4. Do you need an interpreter? (Please tick)

Yes

No

5. What are your contact details?

Home phone number: _____

Mobile phone number (if applicable): _____

Email address (if applicable): _____

6. Do you identify as having a disability? (Please tick)

Yes

No

7. Are you able to communicate over the phone? (Please tick)

Yes

No

8. If you answered 'No' to question 7, what other method of communication can we use to keep in contact with you?

9. What is the name of your local doctor (GP clinic)?

10. What are his / her contact details?

Section 2: How would you like to participate?

11. Would you like to receive a regular phone call from a Gateway Social Support volunteer to check on your wellbeing?

Yes

No → *Your personal information will remain on the database for information and emergency purposes.
Go to Section 3.*

12. Which day would you like to receive a phone call?

Monday Wednesday

Tuesday Thursday

13. What time of day would suit you to receive a phone call?

Morning Afternoon

Section 3: Who can we contact if you need help and/or support?

Please inform your emergency contacts that you have provided their personal information to the Hobsons Bay Community Register. If you're unable to be contacted, their support may be required.

1st Emergency Contact

Title: Mr / Mrs / Miss / Ms First Name: _____

Surname: _____

Street Address: _____

Suburb: _____ Postcode: _____

Home phone number: _____

Mobile phone number: _____

2nd Emergency Contact

Title: Mr / Mrs / Miss / Ms First Name: _____

Surname: _____

Street Address: _____

Suburb: _____ Postcode: _____

Home phone number: _____

Mobile phone number: _____

Privacy Notification: The information requested is being collected for the purpose of participating on the Hobsons Bay Community Register. The information supplied will be used solely for this purpose and/or directly related purposes unless consent is otherwise provided by the applicant. The applicant may apply to Gateway for access to and/or amendment to this information. Data collated for reporting purposes will be numerical only and persons will not be identifiable.

Please note: Family members cannot sign on your behalf unless they are a legal guardian or carer.

I consent to participating in the Hobsons Bay Community Register and to my details being recorded for the purposes outlined above.

Signature of Applicant / Guardian: _____

Print Name: _____ **Date:** _____

When completed, please return this form to:

**Hobsons Bay Community Register
Gateway Social Support Options
43 Paxton Street
Spotswood VIC 3105**