

REST CENTRE SPECIAL NEEDS FORM 2014

1. WELCOME evacuee and ASK for Registration Card.
2. IDENTIFY the Special Needs and RECORD the details.

DATE: ____/____/____	SPECIAL NEEDS FORM	
<i>PLEASE WRITE IN BLOCK CAPITALS</i>		
FULL NAME IS: _____		
ADDRESS: _____ _____		
_____	POST CODE: _____	
TEL: _____	DATE OF BIRTH ____/____/____	
PLEASE TICK THE APPROPRIATE BOXES:		
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
TYPE OF NEED:		
DIETARY <input type="checkbox"/>	PHYSICAL <input type="checkbox"/>	COUNSELLING <input type="checkbox"/>
MEDICAL <input type="checkbox"/>	FINANCIAL <input type="checkbox"/>	OTHER <input type="checkbox"/>
Brief Details of Need:		
_____ _____ _____		
Recorded By: _____	Time ____:____ hrs.	
.....		
ACTION RECORD		
Passed To: _____	Time ____:____ hrs.	
Action Taken: _____		
_____	Date ____/____/____	
Needs Met: YES <input type="checkbox"/> NO <input type="checkbox"/>	Time: ____:____ hrs.	
Further action WILL / WILL NOT be needed. If \"WILL\" specify:		
_____ _____		

3. Tick the Registration Card in the bottom right hand corner (Special Needs).
4. Add NAME, TYPE of NEED, TIME RECORDED and PERSON DEALING, to Composite List.
5. Pass registration Card to the Registration Desk for filing.
6. Advise Evacuee WHO will be taking action and WHERE they should await it. Any further query to be made to the INFO DESK.
7. Pass the Special Needs Form to the appropriate person for action.