



NEMA

NORTH EAST MULTICULTURAL ASSOCIATION



MY SAFETY RECORD

NORTH EAST MULTICULTURAL ASSOCIATION

MY PERSONAL INFORMATION

MY WILL

Location	:	<input type="text"/>
Solicitor	:	<input type="text"/>
Telephone	:	<input type="text"/>
Address	:	<input type="text"/>
Power of Attorney	:	<input type="text"/>



MY INSURANCE

Home & Contents	:	<input type="text"/>
Insurer	:	<input type="text"/>
Contact	:	<input type="text"/>
Animal Name	:	<input type="text"/>
Policy Number	:	<input type="text"/>



MY ANIMAL PLAN

Animal Name	:	<input type="text"/>
Breed	:	<input type="text"/>
Microchip Number	:	<input type="text"/>
Vet Name	:	<input type="text"/>
Kennel/Cattery	:	<input type="text"/>





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MY IMPORTANT CONTACTS

MY SERVICES

Electricity	:	<input type="text"/>
Gas	:	<input type="text"/>
Water	:	<input type="text"/>
Internet	:	<input type="text"/>
Telephone	:	<input type="text"/>
RACV Roadside Assistance	:	<input type="text"/>
Others	:	<input type="text"/>



MY FAMILY CONTACT

Name	:	<input type="text"/>
Relationship	:	<input type="text"/>
Contact	:	<input type="text"/>
Address	:	<input type="text"/>



MY FRIENDS/ NEIGHBOUR CONTACT

Name	:	<input type="text"/>
Contact	:	<input type="text"/>
Address	:	<input type="text"/>





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MY MEDICAL HEALTH

MEDICAL PLAN

Doctor :

Local 24Hr Hospital :

Chemist :

Others :



MY MEDICAL CONDITIONS/MEDICATION

(Write down how you will manage your & your families medical conditions before & after an emergency, include current medications)



MY DISABILITY

(For example: Intellectual, Learning, Speed-related, Sensory, Physical, Neurological & Other).

	Name #1	Name#2	Name#3
Dissability :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Support Plan :	<input type="text"/>	<input type="text"/>	<input type="text"/>





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MY EMERGENCY INFORMATION

	Name#1	Name#2	Name#3
Household Members(s) :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicare :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Centrelink :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver Licence :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car Registration :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax File Number :	<input type="text"/>	<input type="text"/>	<input type="text"/>

MY ALTERNATIVE PLACE TO STAY IN AN EMERGENCY



Name :

Contact :

Address :

LOCAL RADIO FREQUENCY



Local FM Radio :

SBS Channel :

EMERGENCY



- 000 POLICE, FIRE, AMBULANCE
- 132 500 SES
- 131114 POISONS INFORMATION LINE
- 1300 606 024 NURSES ON CALL (VICTORIA ONLY)

