Thurston Parish Council Covid-19 Emergency Plan Survey March 2020 - given the current situation with Coronavirus we hope you are able to respond to this survey as soon as possible!

Responses by 27th March 2020 latest please. Please complete relevant boxes and we will be in contact once information is received.

1. I would like to be involved in the Thurston Covid-19 Emergency Planning Group in the following way:

|  |  |
| --- | --- |
|  | Emergency Control Co-ordinator |
|  | Neighbourhood Co-ordinator (for one of the areas of the village) |
|  | Information gathering |

1. I would like to be involved in the Thurston Covid-19 Emergency Planning Group in the following way :

|  |  |
| --- | --- |
|  | Collection of Medical/first aid supplies |
|  | Good neighbour |
|  | Collecting of shopping |
|  | Posting letters |
|  | Willing to chat and listen over the phone |

1. Please provide your contact details if interested in these roles

|  |  |
| --- | --- |
| Name  |  |
| Address |  |
| Email Address  |  |
| Phone Number  |  |

1. Do you have specialist skills, knowledge and experience? *Please tick the box which applies.*

|  |  |
| --- | --- |
|  | Police Officer |
|  | Fire Officer |
|  | Doctor |
|  | Nurse |
|  | Paramedic |
|  | First Responder |
|  | Adult Carer |
|  | Young Persons Carer |
|  | Veterinary Surgeon |
|  | Veterinary Nurse |

1. If you answered any of the previous questions, please provide your contact details:

|  |  |
| --- | --- |
| Name  |  |
| Address |  |
| Email Address  |  |
| Phone Number  |  |

6 . Vulnerable Persons – During an emergency the Thurston Neighbourhood Co-ordinators may check on vulnerable people.

If you, or someone you know who lives in the village, can say yes to any of the categories below you may need to alert us.

|  |
| --- |
| Reliant on a sole carer?  |
| Sole occupant?  |
| No transport?  |
| Mobility issues?  |
| Medical issues?  |
| Age related issues? |
| Do you/they rely on stair lifts or similar equipment to move between floors?  |
| Do you/they rely on mobility aids to move around your/their home / outside your/their home ?  |
| Do you/they rely on volunteers, neighbours, friends or family to help you/them cook, clean, collect prescriptions or shop?  |

7. If you, or someone you know who lives in the village, should be identified as a vulnerable person in the case of an emergency, please provide contact details.

|  |  |
| --- | --- |
| Name  |  |
| Address |  |
| Email Address  |  |
| Phone Number  |  |

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