



CORNWALL POLICE SERVICE
VULNERABLE PERSON REGISTRY
THIRD PARTY REGISTRATION



Are you completing this registration for another person? Yes No

Are you registering a new registrant for the Vulnerable Person Registry? Yes No

(If no, please enter existing Registration Number – i.e. CL18000136): _____

ABOUT YOU

What is your relationship to the vulnerable person:

- | | | | | | |
|--|--|--|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Boyfriend/Girlfriend | <input type="checkbox"/> Case Manager | <input type="checkbox"/> Child | <input type="checkbox"/> Doctor | <input type="checkbox"/> Ex-Spouse | <input type="checkbox"/> Extended Family |
| <input type="checkbox"/> Foster Child | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Friend | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Guardian | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Sibling | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Spouse | | |
| <input type="checkbox"/> Other (Please specify): _____ | | | | | |

First Name:		Last Name:	
Address:			Apartment/Unit #:
City:	Province:	Postal Code:	
Phone Number:		Alternative Phone Number:	
Email Address:			
Date of Birth (yyyy/mm/dd):		Race:	Gender:

YOUR EMPLOYER INFORMATION

Employer/Place of Work:	Address:
City:	Province:
Phone Number:	Contact Name:

VULNERABLE PERSON INFORMATION

First Name:		Last Name:	
Middle Name:		Other Name(s):	
Date of Birth (yyyy/mm/dd):		Age:	Gender:
Address:			Apartment/Unit #:
City:	Province:	Postal Code:	

Phone Number:		Alternative Phone Number:
Email Address:		
Race:	Height (ft/in):	Weight (lbs):
Eye colour:	Hair colour:	Facial Hair? Yes <input type="checkbox"/> No <input type="checkbox"/>
Languages Spoken (select all that apply): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	Please list any other distinguishing marks (tattoos, scars, birthmarks or prosthetics): If none, please mark N/A: <input type="checkbox"/>	

PREVIOUS ADDRESSES

Address:	City:	Province:

EMPLOYER INFORMATION

Employer/Place of Work:	Address:
City:	Province:
Phone Number:	Contact Name:

TRANSPORTATION INFORMATION

How does the Vulnerable Person usually travel? (Select the methods used most often) <input type="checkbox"/> Drives himself/herself <input type="checkbox"/> Someone else drives him/her <input type="checkbox"/> Taxi cab <input type="checkbox"/> City bus <input type="checkbox"/> Walking <input type="checkbox"/> Other: _____	If the vulnerable person is often driven by someone else, please provide information about the vehicle: Make: _____ Model: _____ Colour: _____ Licence Plate: _____
Does the Vulnerable Person have a valid driver's licence: Yes <input type="checkbox"/> No <input type="checkbox"/>	Vulnerable Person's Driver's Licence Number (if applicable):

MEDICAL INFORMATION ABOUT THE VULNERABLE PERSON

Who is the Vulnerable Person's family physician? If none, please mark N/A: <input type="checkbox"/>	Who should we contact in case of an emergency? Name: _____ Address: _____ Phone number: _____
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<p>Diagnosed Condition:</p> <p>If none, please mark N/A: <input type="checkbox"/></p>	<p>Preferred Method of Communication: (i.e. non-verbal, prefers to express through writing)</p>
<p>Does the Vulnerable Person have a tendency to wander?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, where?</p>
<p>Favourite attractions/places to go:</p> <p>If none, please mark N/A: <input type="checkbox"/></p>	<p>Best way to approach or not approach the Vulnerable Person: (i.e. do not touch)</p>
<p>Does he/she have any life-threatening medical concerns:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, what are they:</p>
<p>Does he/she have a daily routine? If yes, what? (i.e. daily walks, visits, etc.)</p> <p>If none, please mark N/A: <input type="checkbox"/></p>	
<p>Please list any medical devices (i.e. hearing aids, walker, cane, insulin pump, etc.):</p> <p>If none, please mark N/A: <input type="checkbox"/></p>	
<p>Which pieces of identification does he/she normally carry? (Driver's licence, health card, etc.)</p>	
<p>Please list any cell phones, tablets, or devices that can be tracked (list device/serial number if possible):</p> <p>If none, please mark N/A: <input type="checkbox"/></p>	
<p>ADDITIONAL INFORMATION</p>	
<p>Please provide any additional information that may be beneficial to police:</p> <p>If none, please mark N/A: <input type="checkbox"/></p>	

PHOTOGRAPH

Please attach a clear photograph of yourself and submit with the application.

Photo provided: Yes No

PRIVACY POLICY

Through this form, the Cornwall Police Service (CPS) will collect information that can identify you or a family member. Such identifying information may include your name, date of birth, e-mail, address, mailing address and other similar information ("personal data") when it is voluntarily submitted under Sec 29(1)(a) MFIPPA.

The CPS will use your personal data to respond to requests you make of us and/or interacting with the person named.

We may refer to your personal data to better understand your needs and how we can improve our services in relation to you and/or your family.

This information may be accessed by other police agencies through the Police Information Portal however, consent must be provided for the use of such information.

The CPS will share this information with Cornwall SD&G Emergency Medical Services and Fire Departments. This information is used for emergency purposes only.

It is acknowledged that it is your responsibility to ensure that the information collected is current and valid, and that the CPS is notified in writing of any changes. Please record the date that you are filing this registration. After one year, you will be required to verify that the information is still accurate. The retention, as well as any other use or disclosure, of the information will be dictated by the requirements under the Municipal Freedom of Information and Protection of Privacy Act. R.S.O. 1990, c. M.56

I certify that I have read and understood the Privacy Policy above and that the information provided by me in this registration is true and correct to the best of my knowledge.

Name (Please print): _____

Signature: _____