

**An Garda Síochána**  
**Wicklow Division**  
**Older Person Register Form**



(TO BE COMPLETED IN BLOCK CAPITALS)

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Male  Female

Address \_\_\_\_\_

D.O.B. / /

Landline \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email \_\_\_\_\_

EIRCODE \_\_\_\_\_

Do you have any special needs/requirements? e.g. (medical condition/dietary requirements/hearing/sight loss/wheelchair user etc.)

Signature \_\_\_\_\_

**Contact Person in case of emergency:**

Surname \_\_\_\_\_ First name \_\_\_\_\_ Landline \_\_\_\_\_

Address \_\_\_\_\_ Mobile Number \_\_\_\_\_

EIRCODE \_\_\_\_\_ Email \_\_\_\_\_

I agree to be the Contact Person.

Signature of Contact Person \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Older Person (e.g. Relative/friend/neighbour etc.) \_\_\_\_\_

I understand that should any personal details or circumstances at any time after the initial record is created change; it is the responsibility of myself or my contact person to inform Gardaí.

I understand that this Form is a voluntary crime prevention and safety initiative

I consent to my details being held on a database in accordance with the Data Protection Act 1988 & 2003

URN - WW \_\_\_\_\_