



SAFE PLACE SCHEME

Contact Details:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Would you like a photo of yourself on the card? yes no

Emergency Contact Details:

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Please tick the boxes of the information that you would like to appear on your card.

Important Information:

Please provide the information that you would like to appear on your card:

Your Disability

Facts that may be useful for people to know about your disability, such as where your medication is in your bag.

What sort of help are you likely to need, eg if you fall a lot you might just need 5 minutes for a seat.

Please tick any pictures that you would like to appear on the card

				
Inhaler	Need a Seat	Have had a fall	Need Directions	Need medication
				
Feeling unhappy	Feeling unwell	Hurt themselves	Need an ambulance	Need to phone emergency contact
				
Need time	Have a question	Nearest toilet	Hearing loop	Large Print
				
Someone has attacked me	Someone is following me	Someone is bullying me	Scared	money

Please tick any contact numbers that you would like to appear on your card.

- Police
- Allardyce
- Samaritans
- Caledonia Housing Association
- Victim Support
- NHS 24
- Breathing Space
- Welfare Rights
- Citizens Advice Bureau
- Day Centres
- Doctors Surgery _____
- Community Nurse _____
- Murray Royal
- Gowrie Care
- Ark Housing
- Cornerstone
- Turning Point
- Richmond Fellowship
- Mungo Foundation
- Sense
- Enable
- Capability Scotland

Other _____

Please Return Your Completed Form To:

CILPK

90 Tay Street

Perth

PH2 8NP