



West Nipissing Police Service

Vulnerable Persons Registration

Consent to collect, use and disclose personal information

The information collected through this Vulnerable Persons Registry (the "Registry") is personal information (including but not limited to name, contact information, physical and behavioural characteristics) as defined by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O.1990, c M.56.

Purpose for collection and use

The West Nipissing Police Service (WNPS) is collecting this personal information in the event that the vulnerable person (the "Registrant") is reported missing. The information also assists the WNPS with its interaction with the Registrant where other incidents may occur. Occasionally, the WNPS may refer to the personal information to better understand the needs of the Registrant and/or to improve its service delivery in relation to the Registrant.

Disclosure

The personal information collected may be disclosed to other law enforcement agencies or other emergency services (such as fire or ambulance) for the purpose described above.

Retention

The retention, as well as any other use or disclosure, of this information will be dictated by the requirements under the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c M56.

Cancellation

Submissions to the Registry are voluntary and can be cancelled at any time.

Questions

Questions about the collection, use or disclosure of the personal information may be directed to the West Nipissing Police Service, 225 Holditch Street, Suite 106, Sturgeon Falls, ON P2B 1T1 or by contacting Inspector Raymond St. Pierre by telephone at 705-753-1234.

Agreement

By voluntarily agreeing to submit personal information to this Vulnerable Persons Registry, I understand that the WNPS is collecting and storing personal data about me, the Registrant and all emergency contacts named.

In consideration of the WNPS compliance with the collection, use and disclosure of personal information, as described above, I release, waive and forever discharge the WNPS Board, its employees and agents, and other law enforcement and emergency services from all claims, demands, damages, costs, expenses, actions, causes of action, whether in law or equity, resulting or alleged to result from your compliance with the foregoing authorization. I further waive any and all rights I may now or in the future have with respect to any disclosure of the personal information collected.

I declare that I am 18 years of age or older and that I have the authority to provide this personal information on behalf of the Registrant and all emergency contacts named. I further declare that I have read the information provided above and I consent to the collection, use and disclosure of the personal information its release, as described.

I acknowledge that it is my responsibility to ensure that the information submitted to the Registry is current and accurate.

Agree

Registration, Renewal or Cancellation:

New Registration

Renewal of existing registration (The WNPS recommends updating the information every year, on the registrant's birthday month.)

Cancellation of existing registration

West Nipissing Police Service's occurrence number for this registered person (FOR OFFICE USE ONLY):

Family name of vulnerable person:

Given Name(s) of vulnerable person:

Nickname (or any name that the Registrant is most likely to respond to):

Gender:

Male

Female

Date of birth:

Month Day Year

Street address:

City:

Province:

Home phone:

Area Code Phone Number

Work phone:

Area Code Phone Number

Mobile phone:

Area Code

Phone Number

Select one of the following options. This vulnerable person is best described as living with..

Autism

An acquired brain injury

Alzheimer's disease or another dementia

An intellectual disability (such as Down's Syndrome)

Employer / School (if applicable):

Method of communication:

Verbal

Non-verbal

If verbal, please specify language of preference:

French

English

Height:

Weight:

Complexion:

Race:

Build:

Hair colour:

Hair description:

Facial hair:

Facial hair colour:

This vulnerable person wears glasses?

Yes

No

Sometimes

If selected "sometimes" or "yes", please describe glasses:

This vulnerable person has tattoos, or noticeable marks or scars?

Yes

No

If selected "yes", please describe the marks, scars, tattoos and indicate where they are located.

Photograph of Registrant

Please note: The best photographs to upload are clear, sharp and in focus. If you can, please submit a photo that has been taken against a plain white or light-coloured background with enough contrast between the background, facial features and clothing, so that the person's features are clearly distinguishable against the background. Please avoid photos of the person wearing a hat or sunglasses. The person's eyes should be open and clearly visible.

Medical Diagnosis

This vulnerable person wears identification:

Yes

No

If selected "yes", please describe identification worn:

This vulnerable person is inclined to wander:

Yes

No

If selected "yes", please describe what he/she is usually attracted to or any information that may help police with a search for him/her (examples: water, the park, the mall, animals):

Best method of approach (include approach and de-escalation techniques):

Life threatening medical concern:

Please provide any other relevant information, such as the vulnerable person's favourite objects, topics of discussion, and/or things to do. Please also add any other suggestions or reinforcers for de-escalation and cooperation.

Please provide information about what NOT to do:

Consent to release information to a place of detention

Should the vulnerable person named as the "registrant" in this registry be detained or incarcerated in a facility other than the West Nipissing Police Service, consent is granted to the West Nipissing Police Service to provide the detention facility or other emergency services (such as fire or ambulance or other police service) with all information provided in this registry.

Yes

No

Contact Information

Emergency Contact Information

First name:

Last name:

Relationship to the vulnerable person:

Home phone number:

Area Code Phone Number

Work phone number:

Area Code Phone Number

Mobile phone number:

Area Code Phone Number

Gender:

Male

Female

Address (if different from vulnerable person's address indicated above):

Date of birth:

Month Day Year

Secondary Emergency Contact Information (optional)

First name:

Last name:

Relationship to the vulnerable person:

Home phone number:

Area Code Phone Number

Work phone number:

Area Code Phone Number

Mobile phone number:

Area Code

Phone Number

Gender:

Male

Female

Date of birth:

Month

Day

Year

Address (if different from vulnerable person's address indicated above):

This vulnerable person's registration was submitted by:

Your first name:

Your last name:

Your residential address:

Your relationship to the vulnerable person:

Your phone number:

Area Code

Phone Number

Your e-mail address:

Your date of birth:

Month

Day

Year

Please submit this completed registration form and the photo(s) of the vulnerable person:

In person to:

West Nipissing Police Service, 225 Holditch Street, Sturgeon Falls, Ontario

Or by mail to:

West Nipissing Police Service, 225 Holditch Street, Suite 106, Sturgeon Falls, ON P2B 1T1