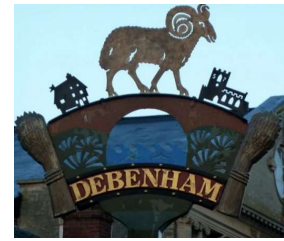


DINA BEDWELL
Parish Clerk & RFO
22 Great Harlings,
Shotley Gate,
Ipswich,
IP9 1NY



**THIS IS AN IMPORTANT LETTER FROM YOUR PARISH COUNCIL.
PLEASE TAKE THE TIME TO READ IT.**

In living memory Debenham has suffered major floods, been cut off due to snow, faced major disruption due to high winds and had house fires requiring 13 appliances. The Parish Council has been tasked with producing a Community Emergency Plan (CEP), the aim of which is to improve the resilience of Debenham village to withstand and then recover from these types of emergencies. The plan will be incorporated into the overall Emergency Plan of Mid Suffolk District Council, which has direct links to other Councils, Emergency Services and the many other organisations which would be able to help.

The questionnaire overleaf is designed to establish what resources in terms of personnel & equipment are available within the Village. Once the results have been analysed and incorporated into the CEP, there will be further contact with all volunteers and some form of training exercises undertaken with selected volunteers.

The information you provide will only be used for Emergency Planning purposes by the Emergency Team, Parish Council, Mid Suffolk Council, and other similar bodies. It will not be released to any third party.

It is hoped the Village will never have to put an Emergency Plan into use, but it is prudent to at least have one.

If you have any helpful suggestions, please add on a separate sheet of paper.

Thank you for taking the time to read and complete the Questionnaire.

If you are willing to help and/or if you consider yourself vulnerable and/or you consider your property is at risk of flooding, please complete this form, and either leave it at Webster's newsagents or Abbott's hardware shop or post it to the PC address above within the next FOUR WEEKS.

Name(s)

Address of HOUSE or BUSINESS
.....
.....

Postcode.....

Telephone.....Mobile.....

E-mail.....

DEBENHAM COMMUNITY EMERGENCY PLAN QUESTIONNAIRE

Are you willing to become part of the Emergency Team (Exact roles will depend on the results of this questionnaire)? YES / NO

And/or are you willing to be called upon to provide extra labour (this could be anything from helping move belongings upstairs to providing refreshments)? YES / NO

Do you have specialist skills, knowledge, or experience? (* qualified by a recognised national governing body or trade organisation). Please mark as appropriate.

Emergency/Medical/Caring skills		Trade Qualified* (Q) or Self Taught (ST)		Voluntary or other Groups	
Police Officer	Fireman	*Builder	*Oil Boiler Engineer	RAYNET	RSGB
Paramedic	First Responder	*Electrician	*Plumber	British Red Cross	WRVS
Doctor	Nurse	Carpenter	*Tree Surgeon	Faith Group	Salvation Army
Adult Carer	Young person's carer	*Plant Operator	*Mechanic	Food Clubs	Mums & Toddlers
Veterinary Surgeon	Veterinary Nurse	Chef		RSPCA	
Animal Husbandry	Ex Armed Forces				
OTHER		OTHER		OTHER	

Do you have equipment which you operate yourself (O) or are willing to share in an emergency? (S) Please mark as appropriate.

For information, most insurance companies provide FREE cover for vehicles used in an emergency when requested to do so by an official organisation IF it has been PRE-ARRANGED. Please check with your Insurance Company before adding your name to the list.

Off road 4 x 4	Off road quad bike	Minibus	Taxi	Lorry Van Pick up	Tractor
Trailer	Dingy + safety equipment	*Chain saw	Generator	Lighting	Electric heaters
Bottled gas heaters	Tarpaulins	Ladders	Water containers	Wheelbarrow	Shovels
Snow clearing plant	Lifting equipment	OTHER			

Has your HOUSE or BUSINESS ever been flooded by the river?	YES NO	Has your HOUSE or BUSINESS ever come CLOSE to being flooded by the river?	YES NO	Are you signed up to the Environment Agency FLOOD LINE	YES NO	Do you consider your property is at risk of surface water flooding (e.g. rainwater pooling unable to drain to river)?	YES NO
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Please complete the following **ONLY** if you would like to give the team more information. Do you consider yourself to be vulnerable? YES / NO

Do you rely on outside agencies to help look after you?	YES NO	Do you rely on family, friends or neighbours to shop for you?	YES NO	Are you reliant on stair lifts or similar to move between floors?	YES NO	Are you reliant on mobility aids to move about the house or outside?	YES NO
				If there was a power failure affecting the above, would you need help?	YES NO		