



Queensland Wildlife Rehabilitation Council Inc

ABN 57 712 538 186

# QWRC DISASTER RESPONSE FORM

Date.....

Name.....

Residential Address.....  
.....

Postal Address.....  
.....

Phone..... Mobile.....

E-mail.....

QWRC Councillor involved: .....QWRC District.....

Independent Carer: YES NO Independent Permit Number.....  
please circle appropriate answer

Name of Affiliated Group.....

Group permit number.....

Assistance you require .....  
.....  
.....

**Where large infrastructure items have been damaged please provide photos of damaged items.**

Has assistance already been requested or received from Group or another source: YES NO  
please circle appropriate answer

If Yes what assistance was requested and/or received.....  
.....  
.....

Signed..... Date.....

**Office use only**

please circle appropriate answer

Date received..... Received by post email

Received by (name) .....

QWRC Response.....  
.....

Outcome.....  
.....

Cost to QWRC.....  
.....

Processed by.....

Signed off by .....Date completed and filed: .....