## **PERSONAL SKILLS CARD**

Please mark only what you can do in this list, which is prepared for you to get better help from the people who intervene during a disaster or emergency.

ICAN					
	hear		hear with an auxiliary device		
	see		see with an auxiliary device		
	communicate				
	communicate through an auxiliary device ( use				
	read lips				
	write				
	read				
	move with a wheelchair				
move with a wheelchair by getting help					
	walk		walk with help		
	prepare my own food		feed myself		
	sit		sit with help		
	bathe myself		bathe with help		
	get dressed				
	provide my personal care and hygiene				
My special needs:					

## **INFORMATION CARDS**



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HEALTH INFORMATION CARD	PERSONAL SUPPORT NETWORK CARD			
This card provides the rescuers with the first information they need if you are unconscious or	Contact Details of the Household:			
if you need to be evacuated urgently during a disaster or emergency. Keep a copy of this				
information in your workplace, your wallet/bag and home.				
	Home Address:			
Name-Surname:				
ID Number:	Meeting Place Outside Home:			
Phone:	1 - Name-Surname:	<b>2</b> - Name-Surname:		
Address	Phone:	Phone:		
	Work/School Address:	Work/School Address:		
Blood Type:				
Special Condition and/or Disability:				
	3 - Name-Surname:	4 - Name-Surname:		
Medication (Prescriptions, dosage, time of use etc.):	Phone:	Phone:		
	Work/School Address:	Work/School Address:		
Equipment Used (hearing aids, wheelchair etc.):				
Allergies:	Personal Contact Members:			
	1 - Name-Surname:	<b>2</b> - Name-Surname:		
Other Special Needs:	Phone:	Phone:		
	Home/Work/School Address:	Home/Work/School Address:		
Special Diet:				
The Best Way to Communicate You If You Have a Communication Barrier:	3 - Name-Surname:	4 - Name-Surname:		
	Phone:	Phone:		
Religion	Home/Work/School Address:	Home/Work/School Address:		
IMPORTANT PHONE NUMBERS				
Police:	Contact Persons Outside the City:			
Fire Brigade:	1 - Name-Surname:	2 - Name-Surname:		
Ambulance:	Phone:	Phone:		
Search-Rescue:	Home/Work/School Address:	Home/Work/School Address:		
	3 - Name-Surname:	4 - Name-Surname:		
	Phone:	Phone:		
Protect yourselves during a disaster.	Home/Work/School Address:	Home/Work/School Address:		
Practise how to explain people the best way to move or direct you or your equipment safely.				