

# UPPER HUTT COMMUNITY SAFETY PLAN

Name of group/agency/organisation:

Name of contact person:

Phone number:

Email:

Please describe the level of engagement you would like to have with this project:

**Willing to actively contribute to a project governance group or sub group (such as alcohol and drug related harm)**

Yes  No  N/A  Don't know

If you ticked yes, please specify where your interest lies:

**Willing to actively contribute to appropriate interventions within existing resources**

Yes  No  N/A  Don't know

Comments if relevant:

**Willing to provide relevant information to address knowledge or data gaps**

Yes  No  N/A  Don't know

Comments if relevant:

**Willing to have current or new programmes associated with the Plan as part of a summary of community responses**

Yes  No  N/A  Don't know

Comments if relevant:

**Able to possibly trial new programmes or interventions that are identified as part of the Plan**

Yes  No  N/A  Don't know

Comments if relevant:

**Willing to be kept informed of progress but do not want active involvement**

Yes  No  N/A  Don't know

Comments if relevant: \_\_\_\_\_

**Do not want any involvement in this project**

Yes  No  N/A  Don't know

Comments if relevant:

**Any final comments?**