

# My information organiser

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## About Me

My full name:

I like to be called:

My N.I. number:

Are my details correct on the electoral register so I can vote?

yes ☐

no ☐

don't know ☐

Are these documents in a safe place?

yes no

Passport

☐☐

in a safe place

☐

Birth certificate

☐☐

in a safe place

☐

Marriage certificate

☐☐

in a safe place

☐

Bank details

☐☐

in a safe place

☐☐☐

in a safe place

☐☐☐

in a safe place

☐

## About my home

My landlords name:

Contact details:

Date I moved in:

This is where my water meter is

This is where my gas meter is

This is where my electric meter is

This is where my stopcock is

This is where my fuse box is

These are the emergency and fault reporting numbers I might need:

Home security e.g. locks



Heating

Electric

Gas

Water

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## About my home continued

### My TV Licence payment



This is how I pay

It costs £

Every

### Dates and addresses of my previous tenancies



Address

To

From

Address

To

From

Address

To

From

### Appliances

Appliance

Date purchased

Where from

Date warranty expires

Appliance

Date purchased

Where from

Date warranty expires

Appliance

Date purchased

Where from

Date warranty expires

Appliance

Date purchased

Where from

Date warranty expires

### Utility Suppliers

I am  
on the  
PSR

Gas: supplier name

Date agreement started

Date agreement ends

Electric: supplier name

Date agreement started

Date agreement ends

Water: supplier name

Date agreement started

Date agreement ends

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## My Health

My National Health Number:

Doctors Surgery Name:

Appointments phone number:

Opening times:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday



NHS Direct Phone Number:

Local Pharmacy Opening times:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday



Pharmacy

Dentist phone number:

Next checkup date:



Opticians phone number:

Next eye test date:



Any health conditions that it is important for other people to know about?

  
  

Any allergies?

Other health professionals I see (e.g. chiropodist):

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## My Community

### Local resources and opening times:

Details of local charities that I can get furniture and food from:

Household items:

name:

  

tel no:

Can I approach them my self? yes ☐ no ☐

If not, can I be referred? yes ☐ no ☐

Opening times:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Foodbanks:

name:

  

tel no:

Can I approach them my self? yes ☐ no ☐

If not, can I be referred? yes ☐ no ☐

Opening times:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday





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## My Community

My local shop opening times:

Shop name:

Opening times:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Shop name:

Opening times:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

My local shop with PayPoint

facilities:

My local free to use ATMs:



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## My Family

**Birthdays and other important anniversaries:**

My birthday is:



<input type="text"/>	birthday is:	<input type="text"/>
<input type="text"/>	birthday is:	<input type="text"/>
<input type="text"/>	birthday is:	<input type="text"/>
<input type="text"/>	birthday is:	<input type="text"/>

Other special dates:

<input type="text"/>	is on:	<input type="text"/>
<input type="text"/>	is on:	<input type="text"/>
<input type="text"/>	is on:	<input type="text"/>
<input type="text"/>	is on:	<input type="text"/>
<input type="text"/>	is on:	<input type="text"/>

## Getting about

The expiry date of my  
concessionary travel pass is:

My personal travel information:

Bus to:

Times:



Bus to:

Times:

Bus to:

Times:

Bus to:

Times:

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## My Pets

Name:

Date of birth:

Annual vaccination is due on:

Neutered: ☐ Microchip: ☐

Name:

Date of birth:

Annual vaccination is due on:

Neutered: ☐ Microchip: ☐

Name:

Date of birth:

Annual vaccination is due on:

Neutered: ☐ Microchip: ☐

Name:

Date of birth:

Annual vaccination is due on:

Neutered: ☐ Microchip: ☐

If my pet is poorly I take them to:

  
  
  

Telephone number:

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## Emergencies

### Who I contact in these emergencies:

If I smell gas:

Telephone:

If I have no heating:

Telephone:

If I feel poorly:

Telephone:

If I feel really ill:

Telephone:

If I feel depressed:

Telephone:

If I feel suicidal:

Telephone:

If my pet is poorly:

Telephone:

If I have lost my bus pass:

Telephone:

If my welfare benefits not  
paid in:

Telephone:

If I have got no money/  
electric/ food:

Telephone:

