



**MEMBERSHIP REGISTRATION FORM - APRIL 2018**

**PERSONAL DETAILS**

**NHI#** \_\_\_\_\_

First name/s \_\_\_\_\_ Preferred Name \_\_\_\_\_

Family name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity NZ Maori                      NZ European                      Pacifica                      Asian

Other – *please specify* \_\_\_\_\_

**YOUR CONTACT DETAILS**

Home address ( Number) \_\_\_\_\_ Street \_\_\_\_\_

Suburb \_\_\_\_\_ Post code \_\_\_\_\_

Telephone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

**OTHER CONTACT DETAILS** – *these details are for family, whanau or friends we could contact if needed*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

**SERVICE CONTACTS** - *these details are for any of the following services, community mental Health centres, medical professionals you may be using or other agencies you have contact with and may have referred you to Toi Ora.*

**Community Support worker**

Name \_\_\_\_\_ Agency \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**Peer support worker**

Name \_\_\_\_\_ Agency \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**Other agencies workers**

**Agency** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**FOCUS ON YOUR WELLBEING** - to help us work well with you can you tell us about your -

**Smoking** - *Toi Ora has a smoke free policy*

Are you currently smoking cigarettes? Yes / No

If yes have you smoked in the last 30 days? Yes / No

If you do smoke have you had support to stop smoking from any other agency? Yes / No

Details -

We have provided you with the following advice on becoming smoke free -

Quit Line Yes/No

Auckland Regional Public Health Service – Quit Now Yes/No

**Your wellness** – to help you and keep you safe and happy at Toi Ora can we have your consent to share with us any information on the following that may relate to your health.

Wellness recovery and support

Early warning signs of change

Relapse or prevention information

Other health problems

**Cultural Your Rights**

When you use Toi Ora Services you have the protection of the Health and disabilities Service Consumer Rights.

Information given Yes/No

**Needs** – do you have any particular cultural needs?

Signature: ..... Date: .....

**TOI ORA LIVE ART TRUST 6 Putiki Street Grey Lynn Auckland 1021 Phone 093604171 Fax 093604172 www.toiora.org.nz**

**OFFICE USE ONLY:**

Registration form completed

Enrolment form attached