



Toi Ora

Membership Registration Form

TOI ORA – MEMBERSHIP REGISTRATION FORM

Toi Ora Membership Registration

Personal Details

Please fill in your personal details:

Full Name			
Date of Birth		Gender	
Ethnicity	Maori	NZ European	Pasifika Asian
	Other:		
Home Address			
Telephone Number(s)			
Email			

Contact Person

Please provide contact details for someone we can contact if needed:

Contact Name:

Contact Number:

Relationship to you (e.g. family, friend)

Service Contacts

Please provide contact details for other services you may be using:

Service	Contact Name and Number
Community or Peer Support Worker	
Community Mental Health Centre	
Doctor or Other Service (please write which one)	

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Please read the following statements carefully – if you agree to each one please sign your name at the bottom and write today's date next to your signature.

- I have read and understood the Toi Ora Member Guidelines
- I understand that Toi Ora provides a shared creative space for people over the age of 17 who are mental health service users in the Auckland District
- I understand that to consideration towards other members and Toi Ora staff is an essential part of the safe and supportive environment that Toi Ora provides
- I understand and agree that the following behaviour is not acceptable and could lead to me being asked to take time out from Toi Ora:
 - Physical violence
 - Sexual Harassment of any person
 - Bullying
 - The wearing of gang patches
 - Racism, sexism, homophobia
 - Verbal violence i.e. abusive language directed in anger at another person or directed in anger at an object and so upsetting someone present
 - Deliberate and /or unsafe misuse of centre property
 - Being under the influence of/ or in possession of drugs and/or alcohol on the property
 - Interference with other peoples belongings or art work
- I understand that the information collected on this form will be used by Toi Ora in providing services and art programmes and that statistical information will be collected.
- I understand that any information I give to Toi Ora will be treated as confidential and will not be disclosed (told to someone else) unless I ask for it to be disclosed or if disclosing the information is necessary to prevent or lessen any potential risks to myself or other people.
- I understand that I own any art work I produce and any associated intellectual property is retained by me. Toi Ora reserve the right to use any art work I produce publicity and promotional activities only.
- I am registering as a member of Toi Ora voluntarily – it is my choice. In registering as a member of Toi Ora I am giving my informed consent to take in the services and programmes that Toi Ora provides.

Please sign and date this form:

Name:

Date:

Note to Toi Ora Staff

A photocopy of this signed and dated form should be provided to the person.

