



## MEMBERSHIP REGISTRATION FORM

Please read the statements overleaf and complete the following details.

### Personal Details

First name/s				Preferred name	
Family name				NHI#	
Date of birth			Gender		
Ethnicity	Maori	NZ European	Pasifika	Asian	
	Other – please specify: .....				
Home address					
Telephone number			Cellphone number		
Email address					
Do you have any specific cultural and/or physical needs while at Toi Ora?					
How did you hear about Toi Ora?	CSW Friend / Family		Community Mental Health Centre Other: .....		
Do you smoke cigarettes?	No	Yes - If you answered 'Yes', please see below:			
	Would you like support in stopping smoking?		Yes	No	

**Contact Person** - This is someone we can contact in the first instance.

Contact name					
Relationship			Email address		
Telephone number			Cellphone number		

**Service Contacts** - These details are for any of the following services you may be using.

Community/Peer Support Worker					
Agency			Email address		
Telephone number			Cellphone number		
Community Mental Health Centre					
Telephone number					

**By signing and dating this form below, I agree to all of the statements overleaf:**

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

TOI ORA LIVE ART TRUST 6 Putiki Street, Grey Lynn, Auckland 1021 Phone 09 360 4171 Fax 09 360 4172 www.toiora.org.nz

### OFFICE USE ONLY:

Registration form completed  Enrolment form attached  Entered on WB

## TOI ORA MEMBER GUIDELINES

Please read the following statements carefully.

If you agree to each one, please sign your name overleaf and write today's date next to your signature.

- I am registering as a member of Toi Ora Live Art Trust (heretofore Toi Ora) voluntarily – it is my choice. In registering as a member of Toi Ora I am giving my informed consent to partake in the services and programmes that Toi Ora provide, and that 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 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;
  - displays of racism, sexism and/or homophobia;
  - verbal violence – that is, 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 Toi Ora property;
  - being under the influence of, or in possessions of drugs and/or alcohol on Toi Ora property;
  - interference with other people's 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 for PriMHD and Toi Ora use.
- I understand that any other information I give to Toi Ora will be treated as confidential and will not be disclosed or 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 for publicity and promotional activities only.
- If my work has been stored at Toi Ora for over one year, and Toi Ora has exhausted all available to contact me, it can be sold with all proceeds going to Toi Ora.
- ***If I become unwell, Toi Ora staff may ask me to call my community or support worker, or contact person.***
- ***If I am unwilling and/or unable to contact either my community or support worker, or contact person, I give permission for Toi Ora staff to contact the person on my behalf.***