

RANGATAHI REGISTRATION & CONSENT FORM



Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Ethnicity: (please add further details if you wish)

Māori NZ European
 Pasifika Other

Gender:

Male
 Female
 Gender Diverse

INITIALS

| | |
|--|--|
| I understand that a file will be created for me at Āwhina Whānau Services. This will enable me to drop in for support at any time during business hours. It will also enable Āwhina Whānau Services to record my attendance for reporting purposes only. | |
| This registration is for group attendance and one-off/casual support visits only. However, I understand this will make it easier for me to receive further specialist support for myself and/or my whānau should I/we choose to, which will require me/us to complete Āwhina's full referral form. | |
| I have been provided with a flyer and understand the type of service I will receive from Āwhina Whānau Services. Any questions or concerns I have raised, have been satisfactorily answered. | |
| I understand that any information disclosed by me remains confidential (what is said here stays here), unless Āwhina Whānau Services has a duty of care to protect myself or someone else who is deemed at risk of harm. I will be notified if that is this case. | |
| If I have a pre-booked individual session, I agree to notify Āwhina Whānau Services Tari (office) 24 hours before, or as soon as possible, if I am unable to attend any hui or need to reschedule. | |
| I consent to photographs and/or video images of me being used in reporting & promotional materials. I understand that these images will be stored securely and deleted after 2 years. | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| | <input type="checkbox"/> Only when I am unable to be personally identified |
| I understand, that I may, at any time, withdraw my consent to photographs and/or video images being utilised of me for reporting & promotional materials. | |

Whaiora:

Signature: _____

Date: _____

IF APPLICABLE:

Parent, Guardian or Caregiver (if the whaiora is under parental guardianship):

Name: _____

Date: _____

Relationship to whaiora: _____

Signature: _____

If unable to sign this form was verbal consent obtained? (Name, Relationship & Date must still be completed)

Yes No

Staff who gained verbal consent: _____

Office Use Only: Entered into Exess ___ / ___ / ___