Southland Youth One Stop Shop

Chart #	Initials

REGISTRATION FORM

Tēnā Koe & Welcome to Number 10 Youth One Stop Shop

Last Name: _____
First Names: _____
Preferred Name: _____ D.O.B:_____
Gender: Female/Male/Other: _____

Street name and number: _____
Suburb & City: _____
Email: _____
Can we contact you: 1. Mail: YES ❑ NO ❑
2. Email: YES ❑ NO ❑
Can we contact you on these phone numbers?
1. Home: _____ YES ❑ NO ❑
2. Mobile: _____ YES ❑ NO ❑

Next of Kin Contact (i.e. parent, caregiver, other relative)
Name: _____
Phone Number/s: _____
Address: _____
_____
Relationship to you: _____

New Zealand Residency Information
I am a New Zealand Citizen ❑
I am not a NZ Citizen ❑
If NOT, what type of VISA are you on? (E.g. work, student etc.)
_____

Ethnicity:
NZ Māori ❑
NZ European/Pakeha ❑
Pacifica ❑_____
Other_____

Who is your GP?
_____

SIT Student? YES ❑ NO ❑
Current School:
_____
Year level_____

Your rights as a Client of Number 10

- All information you tell us will be treated **confidentially** - this means we will not share your information without your permission! The only times this will be broken is if you are likely to harm yourself or others or if we think that you are not safe. In cases of harm we can disclose without your consent. We would need to let other people know this information for your safety and for the safety of others.
- All steps will be taken to maintain my privacy and confidentiality.
- If you have a complaint, concern, or feedback about our service please tell us and we can provide you with a complaints form to complete. This helps us improve our services. Your comments will be taken seriously.
- I consent to my information being stored on computer and being shared with other staff at Number 10 so that I can receive a consistent and appropriate service.
- I agree to my non-identifiable information being used for statistical, and/ or evaluation purposes.
- I understand that at times Number 10 runs activities and events where photos and/or video footage is collected for promotional use (including social media). I give my permission for Number 10 to use any material that I may be part of. I will remove myself from any photo or video should I not wish to participate.

If you book then can't make an appointment, you must **phone or text to** (pre)cancel your appointment **at least** 2 hours **prior** to the appointment time. 24 hours' notice is preferable.
If you do not turn up or do not pre-cancel more than 3 appointments within a year**,** you will lose the ability to book appointments. In this situation, you are still able to access Number 10 services but you will be required to attend a minimum of 2 drop in clinics before you can book again.

Declaration
All the information above is correct. YES ❑
Signature: _____ Date: _____