**Client Registration Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you used any of our services before? | | | | | | | | Yes  No | | | | | | |
| **Details** | | | | | | | | | | | | | | |
| Last Name: | | | | | First Name:/ | | | | | | | | | |
| Preferred name: | | | | | Date of Birth: | | | | | | | | | |
| Street No and Name: |  | | | | | | | | | | | | | |
| Suburb: |  | | | | | | | | | | | | | |
| City/Town: |  | | | | | | | | | | | | | |
| Postcode |  | | | | | | | | | | | | | |
| Email Address: |  | | | | | | | | | | | | | |
| Phone: |  | | | | | | | | | | | | | |
| Mobile: |  | | | | | | | | | | | | | |
| Preferred contact method: | | | Phone:  Email:  Text: | | | | | | | | | | | |
| Ethnicity: (you can select more than one) | | NZ/European  Maori  Pacific Island  Asian  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| How many children under 18? And ages | |  | | | | | | | | | | | | |
| **Programme/Service/ Outline for Counselling** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Participation requirements**: Do you require any specific support to participate while attending any of our services/programmes? (e.g. learning and/or wellbeing). | | | | | | | | | | | | | | |
| **Reasons for attending our services?** | | | | | | | | | | | | | | |
| Increase self-worth/confidence | | | |  | | Parenting challenges | | | | | | |  | |
| Feel connected (*to others, community, services)* | | | |  | | Managing Stress | | | | | | |  | |
| Improve financial wellbeing | | | |  | | Living with Grief/Loss | | | | | | |  | |
| Help with anxiety/depression | | | |  | | Help with isolation/loneliness | | | | | | |  | |
| Better relationships | | | |  | | Manage Change | | | | | | |  | |
| **Photo consent** | | | | | | | | | | | | | | |
| I consent to group photos being used that I may appear in | | | | | | | Yes | |  | No |  | *Initial* | |
|  | | | | | | | | | | | | | | |
| **Privacy Statement** | | | | | | | | | | | | | | |
| As a community organisation we are accountable to our funding bodies. It is important that they know the services we deliver reflect the needs of our community along with the effectiveness of our services.  We will use and disclose your information only in accordance with the Privacy Act 2020. Under that you have the right to access and request correction of any personal information we hold about you.  The information you provide herein is confidential and pursuant to Privacy Act, will only be used by Women’s Centre Rodney team to effectively deliver services including reporting, statistics, funding and measurement of outcomes and not used or distributed for any other purposes. . | | | | | | | | | | | | | | |
| **Client Declaration** | | | | | | | | | | | | | | |
| I have read and agree to the above.  Please send me information about future courses  **Client:** -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |