



Southland Youth One Stop Shop

Tomm	Chart #	Initials
------	---------	----------

REGISTRATION FORM

Tēnā Koe & Welcome to Number 10 Youth One Stop Shop

Last Name: _____
First Names: _____
Preferred Name: _____ **D.O.B.:** _____
Gender: Male / Female / Gender diverse / Non-binary / Agender / Transgender – Female transitioning to Male / Transgender – Male transitioning to Female / (Other) _____

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.)

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

Ethnicity:
NZ Māori
NZ European/Pakeha
Pacifica _____
Other _____

Who is your GP?

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

Relationship to you: _____

SIT Student? YES NO
Current School:

Year level _____

IMPORTANT - My rights as a Client of Number 10

- All information I tell you will be treated **confidentially** - this means you will not share my information without my permission! **This has limits** – This means if I am a harm to myself or others or if you think that I am not safe, you may share that information with appropriate people.
- All steps will be taken to maintain my privacy and confidentiality.
- If I have a complaint, concern, or feedback about your service I will tell you and you can provide me with a complaints form to complete. This helps you to improve your services. My 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.

PLEASE NOTE: As we do not enrol patients, we advise you have a general practitioner outside of Number 10. This is to ensure you have support for any long-term medical conditions. Your general practitioner will receive copies of any test results that Number 10 may order as a safety precaution. If you do not want this to occur, please let the nurse know at the time.

Declaration
All the information above is correct. YES I have read and understand limited confidentiality YES
Signature: _____ Date: _____