



Client Registration Form

Have you used any of our services before?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: <input type="checkbox"/> Email: <input type="checkbox"/> Text: <input type="checkbox"/>	
Ethnicity: (you can select more than one)		<input type="checkbox"/> NZ/European <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Island <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	
How many children under 18? And ages			
Programme/Service/ Outline for Counselling			
<p>Participation requirements: Do you require any specific support to participate while attending any of our services/programmes? (e.g. learning and/or wellbeing).</p>			
Reasons for attending our services?			
Increase self-worth/confidence		<input type="checkbox"/>	Parenting challenges <input type="checkbox"/>
Feel connected <small>(to others, community, services)</small>		<input type="checkbox"/>	Managing Stress <input type="checkbox"/>
Improve financial wellbeing /options		<input type="checkbox"/>	Living with Grief/Loss <input type="checkbox"/>
Help with anxiety/depression		<input type="checkbox"/>	Help with isolation/loneliness <input type="checkbox"/>
Better relationships		<input type="checkbox"/>	Manage Change <input type="checkbox"/>
Personal Growth		<input type="checkbox"/>	Learn some new skills <input type="checkbox"/>
Photo consent			
I consent to group photos being used that I may appear in		Yes	<input type="checkbox"/> No <input type="checkbox"/> 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:** _____

Version:	V3	Issued:	Feb 2024	Created by:	JNicholson	Review:	Feb 2025	Authorised by:	WCRGG
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