**Client Registration Form**

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| Have you used any of our services before? | Yes [ ]  No [ ]  |
| **Details** |
| Last Name: Click or tap here to enter text. | First Name:/ Click or tap here to enter text. |
| Preferred name: Click or tap here to enter text. | Date of Birth: Click or tap to enter a date. |
| Street No and Name: | Click or tap here to enter text. |
| Suburb: | Click or tap here to enter text. |
| City/Town: | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Mobile: | Click or tap here to enter text. |
| 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? | Click or tap here to enter text. |
| **Course/Service/ Outline for Counselling**  |
| Click or tap here to enter text. |
| **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. Representatives from the Social Services Procurement Team, Ministry of Social Development, may view this information as part of the programme assessment process. |
| **Client Declaration** |
| I have read and agree to the above.[ ]  Please send me information about future courses**Client:** -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Course/Support Interested in

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