

To be eligible to access Toi Ora services members need to be resident in the Auckland District Health Board's designated area. Please check eligibility before completing form.



MEMBERSHIP REGISTRATION FORM

PERSONAL DETAILS

NHI# _____

First name/s _____ Preferred Name _____

Family name _____ Date of Birth _____

Gender _____

Ethnicity NZ Maori - NZ European - Pacifica - Asian - Other _____

YOUR CONTACT DETAILS

Home address (Number) _____ Street _____

Suburb _____ Post code _____

Telephone number _____ Mobile number _____

Email address _____

How did you hear about Toi Ora? CSW – Friend – Family/Whanau – Community Mental Health Centre

Other _____

OTHER CONTACT DETAILS – these details are for family, whanau or friends we could contact if needed

Name _____ Relationship _____ Email _____

Phone _____

Name _____ Relationship _____ Email _____

Phone _____

SERVICE CONTACTS – these details are for any of the following services, community mental Health centres, medical professionals you may be using or other agencies you have contact with and may have referred you to Toi Ora.

Community Support worker

Name _____ Agency _____

Email _____ Phone _____ Mobile _____

Peer support worker

Name _____ Agency _____

Email _____ Phone _____ Mobile _____

Other agencies workers

Agency _____

Name _____ Phone _____ Mobile _____

I understand that Toi Ora provides a shared creative space for people over the age of 17 who are mental health service users in the Auckland district.

I understand that consideration towards other members and Toi Ora staff is an essential part of the safe and supportive environment that Toi Ora provides.

I understand and agree that the following behaviour will not be accepted and could lead to me being asked to take time out from Toi Ora or other action as required.

- physical violence;
- sexual harassment of any person;
- bullying;
- the wearing of gang patches;
- displays of racism, sexism and/or homophobia;
- verbal violence – that is, abusive language directed in anger at another person, or directed in anger at an object and so upsetting someone present;
- deliberate and/or unsafe misuse of Toi Ora property;
- being under the influence of, or in possessions of drugs and/or alcohol on Toi Ora property;
- theft of Toi Ora property
- interference with other people's belongings or art work.
- smoking cigarettes in a smoke free environment.

I understand that the information collected on this form will be treated as confidential. Data and will be used by Toi Ora providing services and art programmes, and statistical information will be collected for PrimHD.

I understand that any other information I give to Toi Ora will be treated as confidential and will not be disclosed or told to someone else unless I ask for it to be disclosed, or if disclosing the information is necessary to prevent or lessen any potential risks to myself or other people.

I understand if I become unwell, Toi Ora staff may ask me to call my community or support worker, or contact person.

I understand if I am unwilling and/or unable to contact either my community or support worker, or contact person, I give permission for Toi Ora staff to contact the appropriate people on my behalf. Or as the situation requires.

I understand that I own any art work I produce and any associated intellectual property is retained by me. Toi Ora reserve the right to use any art work I produce for publicity and promotional activities only.

I understand if my work has been stored at Toi Ora for over one year, and Toi Ora has exhausted all means available to contact me, it can be sold with all proceeds going to Toi Ora.

I am registering voluntarily as a member of Toi Ora Live Art Trust – it is my choice.

I am giving my informed consent to partake in the services and programmes that Toi Ora provide and I have read or have had read to me the Toi Ora Code of Conduct.

I agree to the Toi Ora Code of Conduct -

Name _____

Signature _____ Date _____