



First name:	Surname:
Address:	Living Situation (<i>please circle</i>): Own home / Renting / Supported accomm. / Boarding House / Rest home / Intensive Support Rehab / Homeless (no fixed abode)
Date of Enrolment:	NHI Number:
Home phone number: Mobile number:	Ethnicity: Language/s (e.g. English/Te Reo Maori/Cantonese):
Date of Birth: Gender:	E-mail address:
Community Support Worker / support person & contact number:	
Emergency contact person & contact number (e.g. next of kin):	
Clinical Key-worker:	
Community Mental Health Centre:	
Are you registered with a GP? YES / NO GP Name and Contact Number:	
Medical Alerts/Allergies (incl. medication needed):	
Employment status (<i>please circle</i>): Employed 30 + hours p.week / Employed Part Time / Unemployed / Retired Supported Living (Invalid's) Benefit / Job Seeker's (Sickness) benefit / Voluntary	
Please list below which group/s you are interested in;	and outline your goals for those groups;
Are you a smoker YES / NO If yes, how many do you smoke per day? If yes, would you like some advice on quitting? YES / NO	
Please tell us how you heard about us (e.g. my support worker told me/I received a letter in the post/etc.)	

Please attach a completed Informed Consent form and your most recent Wellness Plan/Relapse/Risk Management Plan.

- I acknowledge that this information is true and correct. I give my consent to be involved in the Kupenga Ora Programme.
- I give permission for my Key-worker/GP/Support Person (e.g. next of kin)/Emergency Contact to be contacted regarding this application or any emergency situations (cross out those which don't apply).
- I understand that Kāhui Tū Kaha will be audited at times to ensure a quality service delivery, and that auditors will have access to my records. Audit reports under no circumstances will identify me in any way.
- I, acknowledge that Kāhui Tū Kaha staff and others who are involved in my treatment, support and interventions need to share health information to ensure I receive a quality service.
- *Kāhui Tū Kaha will ensure that all aspects in the Privacy Act 1993 are complied with.*
- **By signing below, I acknowledge that I understand the above mentioned;**

Signature of applicant:**Date:**

How do I enrol?

If you are interested in attending our programme and currently with a mental health service, you will need to:

- Fully complete Page 1 of this enrolment form
- Obtain your latest Risk Assessment or Safety Plan & NHI number from your clinical team or CSW.
- Arrange a time to meet with us. Please bring your completed enrolment form to the meeting (or arrange to send via email).
- At the meeting we will discuss with you your goals for the groups you would like to attend. Alternatively, we can discuss your goals and groups over the phone.
- If you have a Kāhui Tū Kaha CSW or PSW they need to attend with you. If you do not have a Kāhui Tū Kaha CSW we will complete a wellness management plan with you so that we know how to best support you in your progress.

If you are not currently with a mental health service, you can self-refer by completing this enrolment form including your NHI number and name of your GP and arranging a meeting with us as above.