

Membership Form

PERSONAL

Name:		Date of Birth:
Address:		Gender: M/F
		Marital Status:
Suburb:		
City :	Postcode:	Date of Injury/Diagnosis:
Phone:	Mobile:	Date of Admission to ASRU:
Email:		Date of Discharge from ASRU:
Alternative Contact:		Age Injured:
Phone:		
How would you prefer us to contact you:		email/phone

MEDICAL (MOH)

Level:	Complete / Incomplete
Cause of disability:	

ACCIDENT (ACC)

Level:	Complete / Incomplete
Cause of disability:	

OTHER (Optional)

Nationality:	Citizenship:	Religion:
Occupation(s):		
Hobbies / Interests:		
Describe your Personality:		
Friendly / Outgoing / Easygoing / Shy / Reserved / Positive / Other (please specify)		
Describe your attitude towards life:		
Conservative / Middle of the Road / Broadminded / Other (please specify)		

PEER SUPPORTER

Would you like a Peer Supporter	Y / N	Is gender important?	Y / N M/F	Is age important?	Y / N
ACC/MOH issues relevant?	Y / N	Is nationality important?	Y / N	Religion?	Y / N

In order for us to promote Spinal Support nz we do on occasion have filming/photography sessions. Do you consent to being photographed/filmed?	Y/N
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Signed **Date**

Patient Consent form

Spinal Support Peer and Family (Whānau) Support Service

Giving your consent for Spinal Support nz to collect personal information

Under the Privacy Act 2020 you have the right to be informed about the services being offered; and to agree, or not, to the collection of your personal information. This consent form sets out the choices you have when you agree to use the Spinal Support nz (Spinal Support) peer and whānau support service. It also explains how your personal information will be used. If you consent to your information being collected, you do have the right to change your mind at any time.

I understand and agree that:

1. The Spinal Support peer and family support worker contacting me or my whānau has explained the peer and whānau support service and the possible benefits to me.
2. Information collected by the peer and whānau support worker will be kept in a secure database or filing cabinet in the Spinal Support office (located in the Rehab/Gym building, Auckland Spinal Rehabilitation Unit, 30 Bairds Road, Otahuhu).
3. Information collected may be shared with other member/s of the Spinal Support peer and family support team to facilitate the operation and administration of the peer and family support service.
4. My personal information will not be shared with other agencies, unless Spinal Support are required by law to release that information.
5. Under the Privacy Act 2020, I have the right to ask to see all information that Spinal Support holds about me, and to correct any information where necessary.
6. Information collected may be used for statistical purposes, but only information that does not identify me or any member of my whānau.
7. Spinal Support have a complaints procedure process that will be followed if I choose to make a complaint.
8. I, or my whānau, can choose to bring a support person to any meeting or contact with the Spinal Support peer and whānau support worker/s; and that I can make suggestions for cultural protocols to follow and for any other needs I may have.
9. I can decide to no longer take part in the Spinal Support peer and whānau support service.
10. I am entitled to a copy of this consent form.

Name (patient/client):

Signature:

Or signed on behalf of:

Date.....

(Note: For further information about collection, storage and use of personal information refer to Spinal Support Privacy Code, the Privacy Act 2020, and the Health Information Privacy Code 2020)