



# Whanau Ora Registration Form

Family Name		First Name(s)	
Address			
Email Address			
Mobile		Home	
Date of Birth		Doctors Name	
No. of Children		No. in Family	
Rate your Ethnicities from 1 to 3	Samoan __ Niuean __ Tongan __ NZ Maori __ Fijian __ Tokelauan __ Tuvaluan __ Cook Island __ NZ European __ Other _____		
Main Contact Person		Contact Phone	
		Relationship	
Alternative Contact Person		Contact Phone	
		Relationship	
Do you have a health plan with your Doctor?		YES / NO	
Do you give us permission to act on your behalf with other agencies?		YES / NO	

## Consent and Confidentiality

I \_\_\_\_\_ (full name) and members of my family agree to register with the Marlborough Pacific Trust. As part of the registration, we understand that we can register with the Whanau Ora and Vegetation programmes. By completing this form, we agree for information to be collected for reporting and research with our funders. We understand that the information we provide will be kept confidential and that the Marlborough Pacific Trust will do their best to ensure that information is not compromised or used for purposes not specified as per the Privacy Act 2020. We understand that we are able to request any information held by Marlborough Pacific Trust under the Information Act 1982 by request in writing to the Manager of Marlborough Pacific Trust. We understand that we are able to withdraw from the programmes at any time, for any reason.

Signed by family member: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

## OFFICE USE ONLY

Family ID		Navigator ID	
Family Name		Navigator Name	
Date		Navigator Signature	

