**Kia Ora - WELCOME to The Cancer Society MARLBOROUGH**

**NEW CLIENT SELF-Registration Form**

**Nau mai haere mai** - We support anyone affected by cancer – patients, family /whānau, friends and colleagues. We can help you or someone you care about, understand cancer, how to talk with others, and find the support most suitable for you.

*Please note:*  As we are a non-government organisation, we are not automatically informed of new people diagnosed with cancer, so please fill in this form to let us know how we can help.

***Return your completed form to our office at 76a Maxwell Rd, post to: PO Box 233, Blenheim or email to:*** [***marlborough@cancersoc.org.nz***](mailto:marlborough@cancersoc.org.nz)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Personal information | | | | | | | | |
| Name: |  | | | | | | | |
|  | Patient Partner Family/Friend Other | | | | | | | |
| Date of birth: |  | | |  | Age: | | |  |
| Ethnicity: |  | | | | | Iwi: *(If NZ Māori)* | | |
| Address: |  | | | | | | | |
| Post code: |  | | | | | Community Service Card: Y / N | | |
| Phone No: | Mobile: | | | | | Landline: | | |
| E-Mail: |  | | | | | | | |
| *Preferred method of contact:* | | Phone | Email | | | | Post | |
| Next of Kin: | Name: | Relationship: | | | | | Phone: | |
| Children: | Names: | | | | | | Ages: | |
| COVID Vax: | No Yes | | | | | Booster: | | |
| GP: |  | | | | | | | |
| Oncologist: |  | | | | | | | |
| Diagnosis: |  | | | | | | | |
| Treatment: |  | | | | | | | |

1. **Consent for contacts**

To assist you, the Cancer Society Marlborough may need to communicate with other people and organisations, *gathering and providing information* relevant to your care and support.

If you consent for us to communicate with others about your care, please complete the below:

GP doctor

Medical Specialist

Health & Disability Advisor (WINZ)

Other (as agreed)­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Request for other information**
2. I would like to receive information regarding support groups and events: Yes No

1. I would like to receive the Marlborough Cancer Society Newsletter: Yes No

*If yes, by Email or Post?*

1. I would like to receive the Cantalk patients/carer magazine & info:  Yes No

*If yes, by Email or Post?*

1. **Consent for information to be securely kept**

Your information and the records of any support received from the Cancer Society, will be kept on our secure database in accordance with the Privacy Act. We do not share your information unless we have your consent to do so for a specific purpose.

I consent to my information being held securely by the Marlborough Cancer Society.

***Signed:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR: Verbal consent given**: Staff Member /** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_