

# TOI ORA

## REGISTRATION

Toi Ora is an award-winning creative space and offering learning opportunities for adults using mental health services. Please fill out this form and sign it before returning this form to Toi Ora either in person or via email at [info@toiora.org.nz](mailto:info@toiora.org.nz). Once we receive your registration, you will be invited to a personal orientation meeting and have your enrolment times and dates confirmed.

### PERSONAL DETAILS

NHI #

Family Name

First Name

Middle Name(s)

Preferred Name

Date of Birth

Gender

Preferred Pronouns

Home Phone

Mobile Phone

Email Address

Address

**Housing Type:**  Residence / rehab / institute  Renting or homeowner  
 Temporary accommodation  Unhoused

**Are you:**  Studying  Working  Not Working  Other

**Ethnicity:**  NZ Māori  NZ European  Pasifika  Asian  Other: \_\_\_\_\_

**Iwi:** \_\_\_\_\_

**Do you have any particular cultural needs?**  Yes  No

*We wish to provide a safe and comfortable space for people of all cultures, please indicate cultural needs below:*

**Are you a parent of children under the age of 19?**

*If yes, Toi Ora has information and resources.*

Yes

No

**Where did you hear of Toi Ora:** \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Please provide details for one or more persons who could be contacted in the event of an emergency, it could be a friend, a family member, or someone else.

Primary Emergency Contact

Relationship

Home Phone

Mobile

Email Address

Secondary Emergency Contact

Relationship

Home Phone

Mobile

Email Address

### SERVICE CONTACT DETAILS

These details are for any of the following services, community health centres, or medical professionals you may be using, or other agencies you have contact with.

Service Contact 1, please indicate:

- Key Worker
- Peer Support
- Community Support Worker
- Other: \_\_\_\_\_

Full Name

Agency

Home Phone

Mobile

Email Address

Service Contact 2, please indicate:

- Key Worker
- Peer Support
- Community Support Worker
- Other: \_\_\_\_\_

Full Name

Agency

Home Phone

Mobile

Email Address

## FOCUS ON YOUR WELLBEING

*If you feel comfortable sharing, we'd appreciate information on the following so that we can do our best to keep you safe and happy at Toi Ora.*

**Do you have any mental health matters to share, any formal or informal diagnoses?**

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**Any related medications taken?**

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**What are your positive wellbeing strategies?** *e.g. go for a walk, talk to friends, have some quiet time, call support worker*

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**If any, what are some early warning signs of distress?** *e.g. feel tired, untalkative, self-isolating, restless/anxious*

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**Any physical health issues you'd like us to know about?**

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**Is there anything else you would like to share with us so that we can make this a safe and positive experience for you?**

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## SMOKING/VAPING

*Toi Ora has a smoke free policy and is under obligation to report on smoking statistics within our community as a requirement of our funding.*

**Have you smoked in the last 30 days?**  Yes  No

*From time to time, Toi Ora will provide you with information from Quit Line and Quit Now*

**How many per day?**  1-5  6-10  11-15  16-20  21+  Prefer not to say

**Are you an ex-smoker?**  Yes  No

## YOUR RIGHTS & AGREEMENTS

Once you have submitted the registration form, you will be invited to a personal orientation where you receive a welcome pack. Please feel free to bring a support worker, friend, or member of your whānau.

<input type="checkbox"/>	<b>I understand</b> that I own any artwork I produce and any associated intellectual property is retained by me. Toi Ora reserves the right to use any artwork I produce for publicity and promotional purposes only. Artwork abandoned at Toi Ora for more than one term without explicit instruction becomes the property of Toi Ora.
<input type="checkbox"/>	<b>I consent</b> to my image and photographs of me take at Toi Ora, or in association with Toi Ora, being used for publicity and promotional purposes. I may revoke this consent at any time by notifying the staff in writing. <input type="checkbox"/> <b>I do not consent at this time.</b>
<input type="checkbox"/>	<b>I opt-in</b> for e-newsletter and other email correspondence from Toi Ora. I can opt-out at any time by unsubscribing. <input type="checkbox"/> <b>I'm opting-out at this time.</b>
<input type="checkbox"/>	<b>I understand</b> that any information I give to Toi Ora will be treated as confidential. My information 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.
<input type="checkbox"/>	<b>I understand</b> that the information I have provided will be used to determine Toi Ora's eligibility to receive publicly funded services. Information may be compared with other government agencies, but only when permitted under the Privacy Act.

When you use Toi Ora services, you have the protection of the Health and Disabilities Consumer Rights.

## AGREEMENTS

**I understand** that Toi Ora provides a shared creative space for people over the age of 17 who identify as having a mental health challenge.

**I understand** that if I become unwell, Toi Ora staff may ask me to call my emergency contact person. If I am unwilling and/or unable to contact them, then I give permission for Toi Ora staff to contact the appropriate person on my behalf, or as the situation requires.

**I am registering** voluntarily as an Artist at Toi Ora Live Art Trust – it is my choice

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Complete, sign, and return this form to Toi Ora either in person or via email at [info@toiora.org.nz](mailto:info@toiora.org.nz).

### Toi Ora Live Art Trust

6 Putiki St, Grey Lynn, Auckland 1021

Ph: 09 360 4171

[info@toiora.org.nz](mailto:info@toiora.org.nz)

[www.toiora.org.nz](http://www.toiora.org.nz)

[facebook.com/toiora](https://facebook.com/toiora)

## ENROLMENT – EXPRESSION OF INTEREST

*Thank you for your interest in attending Toi Ora. We will do our best to place you in the classes you most want to attend, however each class has a limited number of spaces. If a class is full, we will place you on a waiting list.*

Name/ Ingoa \_\_\_\_\_

Date / Rā \_\_\_\_\_

**Please indicate below which classes you are interested in taking, in order of preference:**

#	Class Name	Day	Time
1			
2			
3			
4			
5			

After submitting this form, we will contact you to:

- set up an orientation meeting and show you around the building
- give you your welcome pack
- and confirm your enrolment times and dates.

If you are unable to attend a class, please call or email to let us know: 09 360 4171 or [info@toiora.org.nz](mailto:info@toiora.org.nz).

If there are any planned or unplanned large gaps in attendance, please contact us as soon as possible so we can maintain your registration until you are able to return.

We always want you to feel safe and comfortable at Toi Ora, so if you ever have any questions or worries, please don't hesitate to contact us.