



Shanti Niwas Charitable Trust Inc.

Ensuring Seniors are valued and treasured by society

Client Registration Form Auckland - Manukau - North Shore

CLIENT DETAILS:

Registration No: _____ Date: _____

Name: Mr/ Mrs/ Miss: _____
(Surname) (First Name)

Address: _____

Phone: _____

Mobile: _____ Email Address: _____

D.O.B: _____ Age: _____ Male Female

Ethnicity: _____ Religion: _____ Language: _____

Single Married Widow/ Widower Divorced Separated

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____ Mobile: _____

Email Address: _____

REFERRED BY

Name: _____ Relationship: _____

Phone: _____ Mobile: _____

RESIDENTIAL STATUS

Date of Arrival in New Zealand: _____

New Zealand Citizen Permanent Resident

Non Resident Anticipated length of stay in New Zealand:

Shanti Niwas Registration Form

Name: _____

Registration Number: _____

ACCOMMODATIONLIVING: Alone Couple Family Rest Home Own Home Pensioner Housing Rental Property Boarding Other **Details of Family Members living with you**

NO	NAME	RELATIONSHIP

EMPLOYMENT HISTORY

Previous _____ Present _____

FINANCIAL SITUATION

Benefit/ Pension (type): _____

Gold Card Total Mobility Card (TM) High User Card **MEDICAL HISTORY:**

1. General Health: _____

2. Alzheimer's / Dementia / Confusion / Memory Loss?

3. Vision: _____

4. Hearing: _____

5. Mobility: _____

Doctor: _____ Phone: _____

Medical Alert Bracelet / Alarm: Yes No

If 'Yes' please specify details: _____

Title: Shanti Niwas Services Registration Form

Date Issued: March 2017

Review Date: March 2019

Approved By: Nilima Venkat

Version 1

QS No: 1

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INTL:

Shanti Niwas Registration Form

Name:

Registration Number:

SOCIAL SUPPORT SERVICES REQUIRED

Advocacy (Housing NZ, WINZ, etc.) Counselling Dosti Visiting Service
Interpreting Day Program Elder Abuse & Neglect Support

HOME BASED SUPPORT SERVICES REQUIRED

Home Help Shopping Personal Care Equipment
Carer Support Respite Care Socialisation

Transport Required: Yes / No

Day Programme: Tuesday Wednesday Thursday Friday

Publicity Consent: I agree for my photos/videos to be used for Shanti Niwas resources/publicity Yes / No

Any Other Needs: _____

HOBBIES / INTERESTS

REASON FOR ATTENDING (GOAL)

COMMENTS

Informed Consent

I understand and agree that:

- I will not attend the program if I am sick.
- The above- named Organisation / Group will retain this record regarding myself, as updated from time to time.
- I can have a copy of this record at any time.
- This information can be corrected by me at any time.
- My details will be given to Needs Assessment Service Coordination (NASC)
- In the event of an emergency this information can be divulged to a relevant agency (e.g.: Ambulance Services, GP, Medical Practitioner’s and Hospital Services).
- I understand that from time to time our services may be audited by our funding bodies to ensure contractual compliance; this may include a review of client files. No personal (identifiable) details from client files will be used in reporting related to these audits.
- Personal client information will not be divulged under any other circumstances without the consent of the client according to the Privacy Act 1993.

Information Provided

- Complaint Procedure
- Code of Consumer Rights
- Shanti Niwas Pamphlet / Flyer
- Shanti Niwas – KHUSHI Pamphlet / Flyer

Signature: _____
(Client)

Signature: _____
(Manager/ Program Co-ordinator)

Date: _____

Date: _____.

Office Use:

Referral Record noted	<input type="checkbox"/>	Case Plan	<input type="checkbox"/>
Stats card prepared	<input type="checkbox"/>		
Birthday Record noted	<input type="checkbox"/>		
Exit/Declined Service Reason		