



WHANAU ORA REGISTRATION FORM



Primary Family Member's Details

Full Name:							
Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>	LGBTQI <input type="checkbox"/>	<input type="text"/>	DOB:	/	/
Residential Address:							
Phone Number:			Mobile Number:				
Primary Ethnicity:			Secondary Ethnicity:				
Total Number in Family:			Total Number of Children in Family:				
Have you used Whanau Ora services before?	Yes <input type="checkbox"/>		No <input type="checkbox"/>				
Are you still with the Provider?	Yes <input type="checkbox"/>		No <input type="checkbox"/>				
Who is the Provider?							
If you are a PHC employee wanting to join Whanau Ora do you give permission for the Whanau Ora team to access my pay/financial information through the PHC Payroll team						Yes <input type="checkbox"/>	No <input type="checkbox"/>

Permission Statement:

I give representatives of Pacific Homecare to contact us, and record information for the purpose of engaging Whanau Ora Services for our family.

Full Name:	
Signature:	
Date:	

Family Members' Details:

Full Name	D.O.B	Relationship

Employment Details:

Full Name	Company Name	Company Address	Role