



### CONSENT FORM

<b>Fields with * are compulsory</b>	<i>Anyone over age of 16 years must complete their own enrolment form</i>			<b>Student ID No:</b>
<b>Legal Name</b>	Title	* Given Name	* Other Given Name	* Family Name
<b>Other Name(s)</b> <small>(eg. maiden name)</small>			<b>Preferred Name(s)</b>	
<b>Birth Details</b>	* Day / Month / Year		* Place of Birth	* Country of birth
<b>*Gender</b> you would like to be identified as	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Diverse (please state)	<b>Sex</b> (at birth) <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Occupation &amp; Employer details</b>				
<b>Usual Residential Address</b>	* House (or RAPID) Number & St		* Suburb/Rural Location	* Town / City & Postcode
<b>Postal Address</b> <small>(if different from above)</small>	House Number & St Name or PO Box		Suburb/Rural Delivery	Town / City & Postcode
<b>Contact Details</b>	Work Phone	Mobile Phone	Home Phone	Email Address
<b>Emergency Contact/NOK</b>	Name	Relationship	Mobile (or other) Phone	
<b>Community Services Card</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry Day / Month / Year	Card Number
<b>* Ethnicity Details</b>  Which ethnic group(s) do you belong to?  <i>Tick the space or spaces which apply to you</i>	<input type="checkbox"/> 11 New Zealand European <input type="checkbox"/> 21 Maori Iwi _____ <input type="checkbox"/> 31 Samoan <input type="checkbox"/> 32 Cook Island Maori <input type="checkbox"/> 33 Tongan <input type="checkbox"/> 34 Niuean <input type="checkbox"/> 42 Chinese <input type="checkbox"/> 43 Indian <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) Please state		<b>Smoking is an important factor influencing health</b> If you are aged 15 and over please tick the space that applies for you  <input type="checkbox"/> Currently smoke <input type="checkbox"/> Recently quit <input type="checkbox"/> Ex-smoker (over 1 year) <input type="checkbox"/> Never smoked  Smoking is hugely negative on your good health. In most cases, you will experience the benefits of quitting immediately.  <b>If you currently smoke, would you like some help to quit?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____ _____		<b>Consent to Share Health Information with other Health Providers involved in my care: Yes ___ No ___</b>	

Student Health Service (Tauranga) keeps records of the interactions that you have with the service.

Occasionally the nurse may need to discuss relevant health information with other members of Student Health Service or external health providers including Bay Counselling or your GP to ensure you are able to access the services you need. If the nurse is concerned about your safety or the safety of others, then the nurse may need to disclose relevant health information to other parties such as emergency services or student accommodation managers.

**Consent to Share Information**

I am giving consent that my information will be used for the assessment and care coordination for treatment/support, and that I am entitled under the Privacy Act and Health Information Privacy Code to access any information and documentation that relates to me.

I understand that this consent form will be held by Student Health Service as part of my clinical notes, If I am referred to Bay Counselling, a copy of this consent will also be sent to Bay Counselling

Please indicate whether you prefer to be given a hard copy or have this emailed to you.      Hardcopy  
Email

Your consent to share personal health information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent please contact:  
**University of Waikato Tauranga Student Health Service: 0220139003**

**Student Name :** .....

**Signature:** .....

**Date** .....