

Application & Intake Form

(Individual)

Date:

REF.:

 Individual

Section A – Personal & Contact Details

First Name:				Surname:			
Title: (Please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)			Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Address:							
Phone Numbers:	Home		Work		Cell		
Email Address:							
Preferred method of contact?	<input type="checkbox"/> Text <input type="checkbox"/> Home ph <input type="checkbox"/> Post <input type="checkbox"/> Mobile <input type="checkbox"/> Email						
Ethnic Group:	<input type="checkbox"/> NZ European <input type="checkbox"/> Maori (Iwi) _____ <input type="checkbox"/> Pacific I. _____ <input type="checkbox"/> Asian _____ <input type="checkbox"/> Other _____ Home language: _____						

Section B - Family Information

Partners First Name:			Partners Surname:			Date of Birth:	DD/MM/YY
Phone Numbers:	Home		Work		Cell		
Children/Dependants:							
Childs Name:				Date of Birth:	Age:	Gender: (please circle)	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	

Section C – Accommodation and Income Information

Accommodation Type:	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Board	<input type="checkbox"/> Rent	<input type="checkbox"/> Other (please specify):			
Income:	<input type="checkbox"/> Wages	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Benefit		Community Services Card No:		Expiry Date:

Section D – Additional Information			
Reasons for seeking help?			
Times you are available for counselling?			
Do you prefer a male or female counsellor?	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Either
Have you been anywhere previously for counselling?			
Are you currently utilising any other agencies?			
Have you had any contact with a Mental Health Agency?			
Are you taking any prescribed medication?			

Section F – Fees			
Fee:	\$	Procare Voucher Number:	
Notes regarding fees:			
Doctors name & Surgery:			

There may be other services that we can help you with, would you like further information on:					
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Counselling	<input type="checkbox"/> Foodbank	<input type="checkbox"/> Home HealthCare	<input type="checkbox"/> Community Care/Chaplaincy	<input type="checkbox"/> Housing
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Training Centre	<input type="checkbox"/> Furniture Bank	<input type="checkbox"/> School Uniform Bank	<input type="checkbox"/> Curtain Bank	<input type="checkbox"/> Community Groups & Church Services

Confidentiality Disclosure:	
<ul style="list-style-type: none"> • Collection of information Counselling is provided by Counsellors whose practices are governed by the code of ethics of the professional organisation they belong. The information they collect will enable them to keep records of session notes, goal plans and any other correspondence. • Use of Information This information is kept solely for the purposes of counselling. This information will be treated as confidential. • Access to Information Records will be kept in our secure client database and in lockable cupboards in our premises and access to this information will be restricted to authorised personnel. You may access personal information that we hold about you. You may also request us to correct any errors or delete any information we hold about you. VisionWest will not disclose any personal information to any other party without your consent unless there is a serious risk of safety to yourself or others. • For audit purposes CYF may require access to files to ensure procedures are being followed. In these cases identification is obscured to ensure client privacy. <p>Information discussed in counselling sessions is confidential between the counsellor and client unless the client signs a form giving permission for the counsellor to share the information. In the event that the counsellor judges, in their professional opinion, the client or someone else to be at a serious risk of harm, they are ethically required to consult the appropriate people to ensure safety.</p>	
Client Signature:	X _____ Date: _____

OFFICE USE ONLY	
REFERRAL MADE TO:	
COMMENTS:	