

Connect South Referral Form (2004)

to be filled out in consultation with the applicant

Address: 514 Adelaide Rd. (Cnr. Adelaide Rd and Chilka St) Berhampore,
Phone: 389-6223 Email: connectsouth@wgtnaftercare.org.nz.
Open: Monday to Thursday 9:00a.m. – 3:00p.m.
A service of Wellington After-Care Association Inc.

Personal Information

This information remains CONFIDENTIAL to the applicant, the referring agency, and the staff of Wellington After-Care Association Inc.

Date of Referral: ____/____/____

Name: _____

Date of Birth: ____/____/____

Address: _____

Phone No: _____

Interests: _____

Cultural Identity: NZ Maori NZ Pakeha/European Samoan
Cook Island Tongan Other Pacific Island Asian Other

Health information that we should be aware of: _____

Support Worker/Contact Person Phone: _____

Address: _____

G.P.: _____ Phone: _____

Referred by _____ Self Referred: _____ Start Date.....

Why we collect this information

You do not have to provide the information requested on this form, but doing so will help Wellington After-Care Inc. provide an effective, efficient service to you and all its members.

The main purpose we collect this information is for your care, but there are other related purposes such as: to assist with administration aspects of your care; training and education; and monitoring the quality of care, service, and health outcomes of our service users.

If you would like any of this explained further, please contact a member of staff.

Your information may be passed on to:

- Staff of Wellington After-Care Inc. involved in providing and administering services to you.
- Outside agencies that assist us in providing and administering services.
- Staff of Capital and Coast District Health Board, to allow the District Health Board to fulfil its objectives and functions as required by the New Zealand Public Health and Disability Act 2000.
- The Ministry of Health for health research and statistical purposes (this information is usually non-identifying).

We will not disclose your information to any other agency unless you authorise this or we are required to do so by law.

Your right of access

Under the Health Information Privacy Code 1994, you have the right to request access to, and correction of, any information held about you.

Applicants Signature: _____ **Date:** ____/____/____

Send your completed form to: Co-ordinator, Connect South, 514 Adelaide Road, Berhampore, Wellington