



CONFIDENTIAL CLIENT RECORD & CONSENT FORM

PERSONAL DETAILS that we need to provide a service.

First Name		Last Name	
Mobile Phone		Email Address	

First Meeting Date		Record Entry Date	
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CONSENT

I consent to receiving **support services** from _____, an accredited Member Organisation of Male Survivors Aotearoa

I understand that any **personal information** collected in respect of the services provided will be held in strict confidence and in a secure location.

I acknowledge that **personal information** may be collected for the following purposes:

- To enable me to be provided with effective support services;
- To enable an appropriate response if there is any serious threat to my safety and/or wellbeing;
- To enable an appropriate response to legitimate requests from Government Agencies;
- To enable service audits by Government Agencies who fund the support services you receive.

I am aware that some **statistical information** about my support services may be collected to help MSA and its Member Organisations provide more effective support services but that this information will not be identified with me.

I am aware that MSA have an official **complaints process** that I can access if I have any concerns about the unconsented or unlawful disclosure of any personal information.

Signed by the Service User / Client		Date	
Signed by the Client Parent or Guardian		Date	
Signed by Peer-Support-Worker		Date	

PLEASE PROVIDE A COPY OF THIS COMPLETED FORM TO YOUR CLIENT

MSA CONFIDENTIAL CLIENT RECORD

The collection of this information is not a prerequisite requirement for providing support

PERSONAL DETAILS that will help us to know you and work with you

Middle Name		Known As	
Date of Birth		Place of Birth	
Gender		Marital Status	
Ethnicity		Iwi	
Street Address			
Suburb		Town/City	
Post Code		Home Phone	
Employ-Status		Work Phone	
Occupation			
ACC Number		Peer Worker	

OTHER RELEVANT RELATIONSHIPS that may help us support you.

NOTE: We can only contact these people with your consent

Referral/Contact		Organisation		Client Consent to Contact
Role		Phone		
Counsellor		Contact		
Psychologist		Contact		
Social Worker		Contact		
Other:		Contact		

HISTORICAL DATA that will enable research for the benefit of all male survivors.

You are not obliged to provide this information, but it will help us to sustain our survivor services

What was the gender of the violence/abuse perpetrator?	Male	Female	Other
Was there a relationship with the perpetrator?	Whanau	Other:	
At what age(s) did the violence/abuse occur?	Child	Adult	Both
Did the violence/abuse occur within a care situation?	State	Religious	Other
Who was the offending reported to?	Police	State	Other
Was the perpetrator charged?	Yes	No	Unsure
Has the survivor been a victim of other abuse?	Physical	Mental	Emotional

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