



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 | |
|--------------------|--|-------------------|--|

CONSENT

I consent to receiving **support services** from _____,
an accredited Member Organisation of Tautoko Tāne 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 Tautoko Tāne and its Member Organisations provide more effective support services but that this information will not be identified with me.

I am aware that Tautoko Tāne 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 | | Date | |
| Signed by their Parent or Guardian if under 18 | | Date | |
| Signed by the Peer Worker | | Date | |

PLEASE PROVIDE A COPY OF THIS COMPLETED FORM TO YOUR SURVIVOR-CLIENT

TAUTOKO TĀNE CONFIDENTIAL CLIENT RECORD

The collection of this information is not a prerequisite 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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