**Kia Ora & WELCOME to The Cancer Society NELSON/tASMAN**

**NEW CLIENT SELF-Registration Form**

**Nau mai haere mai** - We support anyone affected by cancer – patients, family /whānau, friends and colleagues. We can help you, or someone you care about, understand about cancer, how to talk with others, and find the support most suitable for you. *Please note:*  as we are a non-government organisation, we are not automatically informed of new people diagnosed with cancer, so we ask you to fill in this form to let us know how we can help.

***Please return it to our office 102 Hardy Street Nelson or email to info@cancernelson.org.nz***

|  |  |
| --- | --- |
| **Name:** | Patient  Partner Family/Friend Other |

|  |  |
| --- | --- |
| **Contact details** Address: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Postcode |  | | Email |  | |  | | | | |
| Phone: Home | |  | | |  | | Work |  | Mobile |  |

Ethnicity: Māori NZ Pakeha / Caucasian

|  |  |
| --- | --- |
| Other (please state) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender: |  | Type of Cancer: |  | Date of Birth: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Partner Name / Phone (if applicable) |  | Date of Birth: |  |

I would like to receive information regarding support groups and events  Yes  No

***Please circle which support groups below:***

Survivors & Thrivers / Bosom Buddies / Head & Neck Cancer / Prostate Cancer / Colorectal Cancer / Carers

I would like to receive the Nelson/Tasman Cancer Society Newsletter  Yes  No

I would like to receive the Cantalk patients/carer magazine  Yes  No

I would like to be contacted by the Support Coordinator  Yes  No

Your information and records of any support received from the Cancer Society, will be kept on our secure database in accordance with the Privacy Act. We do not share your information unless we have your consent to do so for a specific purpose.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Signed:*** |  | | ***Date:*** | |  |
| OR: Verbal consent given**:** | | **Staff Member /** **Date:** | |  | |