



# LYNKZ Enrolment Form

The collection of personal information on this form is for running LYNKZ activities and events. It is not used or disclosed for any other purpose except in accordance with Privacy Act 1993. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it. You have the right under the Act to access and seek correction of the information from LYNKZ.

Please ensure that all sections of this form are completed and return to LYNKZ Facilitators.

<b>First Name:</b>		<b>Surname:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	<b>M</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>	<b>Other (state)</b>
<b>Today's Date:</b>		<b>SWN Number:</b>	<i>Work and Income Number (9 digits)</i>		
<b>Postal Address:</b>		<b>Phone:</b>			
		<b>Mobile:</b>			
<b>Ethnicity:</b>		<b>Email:</b>			
<b>Preferred Contact Method:</b>	<input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> Post				
<b>Diagnosis:</b>	<b>Primary:</b> <b>Secondary:</b> <b>Additional:</b>				
<b>Key Contact (Parent/Caregiver/Emergency Contact/Legal Representative)</b>					
<b>1. Name:</b>		<b>Phone:</b>			
<b>Relationship:</b>		<b>Email:</b>			
<b>2. Name:</b>		<b>Phone:</b>			
<b>Relationship:</b>		<b>Email:</b>			

## Management Support and Assistance

Are you?

Independent

Dependent on a Carer/Support Worker



What do you want to gain from LYNKZ?

People who are important to you? Role they play in my life?

Can LYNKZ speak to them?

No  Yes

What is your favourite thing to do?

1. Did you receive ORS funding while at school?  
If yes, what is the number?

No  Yes

### Health and Vulnerabilities

1. Please tick if you suffer from any of the following:

Migraine  Epilepsy  Asthma  Diabetes  Travel Sickness  Fits of any type  Chronic nose bleeds

Heart condition  Dizzy spells  Colour blind  Other- Please specify

Please provide Details

2. Medical Alert Number (if applicable):

3. Do you wear a medical bracelet, charm, necklace?  
If yes, where?

No  Yes

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4. Are you currently taking medication?

No  Yes

5. Can you take this independently

No  Yes

Please state other conditions if not already listed above

Condition				
Name of medication/s				
Other treatment				

6. Have you had any major injuries (breaks or strains) or illness (glandular fever etc.) In the last 6 months that may limit your participation in any activities?  
 No  Yes – Please Specify

7. Are you allergic to any of the following?

Prescription medication

No  Yes – Please specify

Food

No  Yes – Please specify

Insect bites/stings

No  Yes – Please specify

Other allergies

No  Yes – Please specify



**Treatment required?**

- LYNKZ may administer pain relief, like paracetamol should I request this, and that I have given details about any potential reactions (or not) above.
- I will inform LYNKZ as soon as possible of any changes medically or other circumstantial
- Should it be needed, I accept that LYNKZ facilitators will perform first aid on me as required
- I agree to LYNKZ involving trained medical professionals in my care should the need arise
- Any medical costs not covered by ACC or a community service card will be paid by me

**8. Outline any dietary requirements?**

**9. To the best of your knowledge, have you been in contact with contagious or infectious diseases in the last 4 weeks?**  No  Yes – please give brief details

**10. Date of last tetanus injection?**

**11. Is there any other information that staff should know to ensure your physical & emotional safety (e.g. cultural practices? Disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)**  No  Yes – please give brief details

**12. Is there anything we need to know about the following issues:**

<b>Memory</b> (Recall, recollection, following instructions)	
<b>Responsibility</b> (Self-reliance/care of belongings, leaving programme of own accord)	
<b>Communication</b> How do you communicate? Are you able to speak up for yourself, etc.?	
<b>Adaptability</b> (to new places, people, situations)	

<p><b>Behavior</b></p> <p>Are there any situations that can cause upset/distress /outbursts?</p>	
<p>If yes, what might your reactions be to these situations?</p>	
<p>How best can we help you manage these behaviors to keep you, and anyone else, safe?</p>	

**Have you been in trouble with the police? If so, what is the offence?**

1. Information

- I am responsible for my own affairs, with no power of attorney over me in place

Yes  No

If no, the person responsible for me is:

Who will complete this form on my behalf?
- I give permission for NorthAble LYNKZ to share information with Ministry of Social Development for the purposes of statistical and data collection for contractual returns.

Yes  No
- I understand I have the right to see and correct any personal information kept about me as outlined in the Health Information Privacy Code and under the Privacy Act 1993.

Yes  No
- I am happy for my NASC needs assessment to be shared with LYNKZ staff to enable them to support me in the best way possible.

Yes  No
- I give permission for information, given by me. or my authorized agent, to support my access to the LYNKZ Community Participation Programme to be collected, stored, used by or disclosed to LYNKZ Staff who will use it to help with my engagement with activities.



Yes  No



Please name any person or agency **YOU DO** want us to supply information to about you or your family:

- I understand that the supply of information is voluntary; however, if I do not supply the information it may mean my needs will not be identified and met correctly.

Yes  No

- I understand that should the LYNKZ Programme facilitators have cause to share information about me to statutory or other agencies because they believe I am at risk, or a crime has been committed they will do so, potentially without my consent or against my express wishes

Yes

## 2. Consent for Use of Image

I give permission for photos taken of me, on Programme, to be used by NorthAble for the purpose of promotion through information update, fliers and posters and on the NorthAble and LYNKZ Facebook pages. (NorthAble will ONLY use first names IF identifying people in photos)

Yes  No

## 3. Driving and Travel consent

I understand that in order to attend LYNKZ activities I may need to be transported either by LYNKZ staff, a volunteer or a support worker for another client. I am happy to be driven by the following people:

LYNKZ Staff                      Yes       No

Volunteer                        Yes       No

Support worker                Yes       No

## 4. Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the swimming ability. (Circle applicable response)

Are you able to swim 10 metres?	Yes	No	Don't know
Are you water confident in a pool?	Yes	No	Don't know
Are you confident in deep water?	Yes	No	Don't Know
Are you able to tread water?	Yes	No	Don't Know



Are you able to survival float?	Yes	No	Don't Know
Are you confident in the sea or in open inland water?	Yes	No	Don't Know
Are you confident in river water?	Yes	No	Don't Know
Are you safety conscious in and around water?	Yes	No	Don't Know

## Client Participant Agreement

To be read and signed by all participating clients

- I understand that any LYNKZ activity or event is an opportunity for me to participate in the community.
- I realise that this requires me to take on genuine responsibility for my safety and for that of others including belongings.
- I agree to show courtesy and consideration for others and follow the rules and instructions of staff and other supervisors at any activity or event.
- I agree to take part in all activities I feel comfortable with.
- I agree to declare medical conditions that could affect participation in the activity or event.
- I agree to accept the rules and charter set by LYNKZ for any activity or event, even if they are different from what they expected.
- I understand that my parents/caregivers or legal representative will be contacted and I may be sent home at my expense or theirs if my actions are considered unacceptable by staff; I break LYNKZ rules; or my actions put others or myself in any danger.

Signed by client:

Date:

## 5. Client/parental/caregiver/legal representative Consent

- I agree for the client taking part in LYNKZ events. I acknowledge the need to behave responsibly.
- I understand that there are risks associated with involvement in LYNKZ's activities and events and the risks cannot be eliminated.
- I understand that LYNKZ will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that the client will be involved in the development of safety procedures. I will do my best to ensure that the client follows these procedures
- I acknowledge that in order to gain a better understanding of risks involved I am able to ask any questions of LYNKZ about the events or activities in which the client will be involved. I recognise that participation in such activities and events is voluntary not mandatory and everyone has a different level of participation as well as contribution. The client and I both understand that they may withdraw from an activity if they feel at risk. This is done in consultation with the person in charge.
- I understand that LYNKZ does not accept responsibility for the loss or damage to personnel property (either the client's property, or damage to another's property) and that it is my responsibility to check my own insurance policy.
- If there is a cost involved to participate, I agree to meet this cost and participate in fundraising activities if applicable
- If travel is required to get to an activity, I will arrange this or agree to travel with others so long as the vehicle is registered and has a current Warrant of Fitness and the driver has a full clean license. If I feel uncomfortable I will advise facilitators who will put me in another vehicle



- If I have a Legal Representative acting on my behalf, they will be contacted in a medical emergency including any medication requirements.
- I agree to my Emergency Contact / Legal Representative being contacted / advised of any incidents involving myself that may arise. I will be informed prior to contact being made.
- I agree all terms and conditions explained in the LYNKZ Programme User Handbook

Support Information:	
Support Staff Name:	Phone:
Provider:	Phone/Mob:
Reasons for Support:	Email:
	Support days:

**I confirm that the information I have provided is true and correct and agree to terms and conditions of service provision.**

Name of Service Receiver or authorised representative (please indicate relationship to client):

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

LYNKZ Facilitator or Client Services Manager:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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***Please note: LYNKZ reserves the right to determine whether a client is independent or requires a support worker in order to access LYNKZ services. If LYNKZ facilitators come to the conclusion that a client who has joined as independent in fact is in need of a support worker, we will notify the client and their guardian.***

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