

REGISTRATION FORM

Kidney Kids NZ

If you would like further information about your child's condition and other services

phone or email the Kidney Kids Family Support Team.

Phone: 0800 215 437 - Email: support@kidneykids.org.nz

FAMILY INFORMATION

| | |
|--|-------------------|
| Family Name: | Address: |
| Home Phone: | |
| Mobile Phone: | |
| Email Address | |
| Date: | GP or Specialist: |
| What nationality/ethnicity does your family identify with? | |
| | |

PARENT/CAREGIVER INFORMATION

| Name | Relationship (Father, Mother, Guardian) | Mobile | D.O.B (optional) | Gender |
|------|---|--------|---------------------|--------|
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CHILDREN INFORMATION

| Name | Relationship (Kidney Kid, Brother, Sister) | Kidney Diagnosis | D.O.B | Gender |
|------|--|------------------|-------|--------|
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VOTING MEMBER DETAILS (one per family - must be over 18) ▼

OFFICE ONLY: ▼

Name:

COGS REGION:

Best Contact:

DHB REGION:

Signature:

CONSENT FORM

Kidney Kids NZ

CONFIDENTIALITY POLICY

Any information gathered by a Kidney Kids NZ staff member is considered private and personal and stays between the family and Kidney Kids NZ support team. We at Kidney Kids NZ are bound by the Privacy Act 1993 to protect that information and cannot share it amongst other, agencies, family members or friends without your direct permission. **The only exception to this is if we at Kidney Kids NZ feel there is a situation where you or someone else is at risk of harm, we are bound to report this to the appropriate authority.**

COMPLAINTS PROCESS

If at any time you feel that a Kidney Kids NZ staff member has not handled a situation to an acceptable standard you, are welcome to go through our complaint process. This consists of getting in contact with our management at office@kidneykids.org.nz. You will be kept informed as to the progression of the complaint until a satisfactory conclusion has been met.

CONSENT

By signing this form, I acknowledge that I understand and consent to the following:

- For Kidney Kids NZ to work with my child/children and family
- To Kidney Kids NZ confidentiality policy and the parameters around this (explained above)
- A record of each of our interactions will be kept on our secure data base, which I can request to view at any time.
- I understand the complaints process, should I feel a situation has not been handled to a high standard (explained above)
- Relevant information might be shared with other agencies/workers, but I will be informed before this happens.

I _____ understand and consent to the information detailed above.

Signature:

Date: