

MIX- Connecting, Creating, Living
Participant Registration Form



Connecting, Creating, Living
Lower Hutt: 04 569 3162
Upper Hutt: 04 528 7342

Date: __/__/__

Staff Completed: _____

Site of Registration: UH LH
Wainuiomata

Welcome to MIX!

In order for you to get the most out of your time at MIX and for us to know how to best support your wellbeing and creativity, for you to attend regularly, we require this form to be completed.

We have an obligations to report to the Ministry of Health, the Hutt Valley District Health Board, Ministry of Social Development and Ministry for Culture and Heritage about your attendance at MIX, but keep your information confidential as per the Privacy Act 1993 and its amendments.

You are welcome to access and review your information at any time.

Ngā mihi,

MIX – Connecting, Creating, Living

PERSONAL DETAILS

Full Legal Name

Known as Name

Date of Birth ____/____/____

NHI Number _____

WINZ Number _____

Gender: Male Female Gender Diverse Prefer not to say

Ethnicity _____ Iwi _____

Phone Number _____

Email _____

Address _____

Preferred method of contact Phone Email Mail

What kind of house do you live in? Private Residential Temporary/Emergency
Accommodation No Fixed Address Rest Home Mental Health Funded Service
i.e. Supported Accommodation HNZ Other

How did you hear about MIX? Community Mental Health Friend GP

Hospital

Other _____

Please outline your reason for wanting to attend MIX

Do you have a Wellbeing Plan, created by your doctor? Yes No

EMERGENCY AND CLINICAL CONTACT DETAILS

Emergency Contact _____

Relationship to you _____

Address

Phone Number _____ Email _____

I understand that in an emergency MIX will contact my emergency contact person to explain the situation to them.

I do **not** want to be contacted at MIX by:

Name _____

Relationship _____

Name _____

Relationship _____

Name _____

Relationship _____

We will always check in with you before we make contact with your support people except in the case of a serious safety concern.

Please provide at least one clinical contact

Doctor / GP: Name _____ Organisation _____

Phone Number _____

I agree to MIX contacting my doctor/GP

I don't agree to MIX contacting my doctor/GP

Psychiatrist: Name _____ Organisation _____

Phone Number _____

I agree to MIX contacting my Psychiatrist

I don't agree to MIX contacting my Psychiatrist

Clinical Care Coordinator: Name _____ Organisation _____

Phone Number _____

I agree to MIX contacting my care coordinator

I don't agree to MIX contacting my care coordinator

Support Worker: Name _____ Organisation _____

Phone Number _____

I agree to MIX contacting my support worker

SAFETY AND MEDICAL DETAILS

For us to have better understanding of how to keep you and others safe, are there any risk factors we should be aware of? No Yes, provide details

Is there anything about any health diagnosis (physical, intellectual, or mental health) we should be aware of that would be important for us to know to keep you safe?

No

Yes, provide details

Are there any emotional or mental wellbeing risks we should be aware of and how can we best support you with these? No Yes, provide details

Do you have any medical conditions we should be aware of? Epilepsy Asthma

Diabetes Insulin Dependent Diabetes Hepatitis Addictions

Other _____

How can we best look after you in a medical emergency with the above condition(s)? _____

Are you regularly affected by seizures? No Yes please provide details on typical frequency, length, and how we can best support you if you have one at MIX

Are you on any medications that we should be aware of that have bad side effects, or anything we should be aware of if you don't take them? No

Yes, provide details _____

Do you have any dietary requirements or allergies we should be aware of? No

Yes, provide details

Do you require extra assistance with mobility in case of an emergency? No

Yes, provide details

Do you require assistance with eating and/or drinking?

No

Yes If yes, please have a support worker attend MIX with you at all times.

Do you require assistance with toileting?

No

Yes If yes, please have a support worker attend MIX with you at all times.

We are unable to help with eating, drinking, or toileting needs at MIX. If you require assistance and you turn up without a support worker, we may have to ask you to leave.

GOAL PLANNING

At MIX we focus our programmes around the Māori model of wellbeing, 'Te Whare Tapa Whā', and the Mental Health Foundation of New Zealand's '5 Ways To Wellbeing' model to ensure we take a holistic approach to recovery.

What are your strengths?

What are your hopes for your time at MIX?

What would you like to do at MIX?

Taha tinana (physical health), Be Active

Life skills workshops Yoga Sports at Walter Nash Nature walks Swimming

Taha wairua (spiritual health), Take Notice

Cultural and Tikanga learning Gardening Mindfulness

Taha whānau (social health), Give, Connect

Volunteering around MIX Volunteering with Earthlink Shared lunches

Leading activities Social connection Community visits

Taha hinengaro (mental health), Keep Learning

Wellbeing focused groups Arts Therapy Art tutoring and classes Creative workshops

Educational trips

How can we best support you during your time at MIX?

Be there to listen Facilitate connection and social support Provide opportunities to improve life skills Provide tools for recovery and wellbeing Art tutoring Creative self-reflection Short onsite advocacy e.g. letter writing, phone calls Relationship support Conflict resolution and problem solving Other _____

Do you have a job? Not at the moment Yes, paid 1-30hours over 30 hours
Yes, volunteering 1-30hours over 30 hours

Job / voluntary title _____

Jobs in the past _____

Future job / volunteering goals

Are you currently studying, training, or undergoing an apprenticeship?

Not at the moment

Yes, NZQA provider _____

Yes, other _____

As part of your time at MIX, we will ask you to reflect regularly on how you are finding the groups and how you are working towards your personal goals. Staff will support you in this process to ensure that your time at MIX is meaningful and purposeful. Our primary way of collecting your feedback is through simple evaluation forms.

Once your registration has been processed, we will work with you over the next month to create a MIX Wellbeing Goal Plan to make your time here useful for you as an individual.

TRAVEL ASSISTANCE

You may be eligible to receive financial assistance to travel to MIX through Work and Income.

Are you interested? Yes No

We will check in with you to provide this letter of support once you have been attending MIX regularly.

MEMBERSHIP AND COMMUNICATION

Thank you for taking the time to fill this registration form out. You are now able to attend MIX. Once your registration has been processed, we will contact you, formally welcoming you to MIX.

I have read and understood the code of conduct in the Participant Orientation Booklet.

Participant Signature _____

Would you like to be a MIX member? Yes No

MIX members get to vote at the Annual General Meeting which means you get a say in how MIX is run. So you are aware, MIX shares stories and pictures via social media and newsletters. We will always contact you prior to doing this and request your consent. It is okay to say no.

Checklist for Team Meeting:

- Site participant registered
- Any significant health, safety, or medical concerns
- Overview of what participant wants to get out of attending MIX
- Formal response sent