

## 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; and offer cancer information as well as a range of support services ([www.cancernelson.org.nz](http://www.cancernelson.org.nz)).

*Please note:* as we are a community 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 complete and email to [info@cancernelson.org.nz](mailto:info@cancernelson.org.nz) or return to our offices:**  
**102 Hardy Street Nelson 7010 / 218B High Street Motueka 7120.**

**Name** \_\_\_\_\_ ☐ Patient ☐ Partner ☐ Family/Friend ☐ Other

**Contact details** Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Mobile: \_\_\_\_\_ Landline: \_\_\_\_\_

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

I would like to receive the Cancer Society Nelson Tasman Newsletter ☐ 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:** \_\_\_\_\_

#### Motueka Centre

Kōwhairangi  
 218B High Street, Motueka 7120  
 03 528 7669

#### Nelson Centre

102 Hardy Street, Nelson 7010  
 PO Box 335, Nelson 7040  
 03 539 1137