



Client Details

First Name: _____ Last Name: _____

Email: _____

Address: _____

Phone number: _____ Date of Birth: _____

Gender: Female Male

Primary Language: _____ Secondary Language: _____

Country of Origin: _____ Ethnicity: _____

Immigration Details

Arrival Date in New Zealand: _____ Visa Expiry Date: _____

- | | | | |
|---|---|---|--|
| Permanent Resident <input type="checkbox"/> | Visitor Visa <input type="checkbox"/> | NZ Citizen <input type="checkbox"/> | Guardian Visa <input type="checkbox"/> |
| Resident <input type="checkbox"/> | Student Visa <input type="checkbox"/> | Refugee | |
| Work to Resident <input type="checkbox"/> | Work Visa <input type="checkbox"/> | Quota <input type="checkbox"/> | |
| Post Study Work Visa <input type="checkbox"/> | Working Holiday Visa <input type="checkbox"/> | Family Reunification <input type="checkbox"/> | |

Centre Services

Are you interested in Volunteering with us? Yes No

- | | | |
|--|---|--|
| Cultural Events <input type="checkbox"/> | Driving Mentor <input type="checkbox"/> | Community support <input type="checkbox"/> |
| The Settlement Centre <input type="checkbox"/> | Other: _____ | |

Which service would you like to access?

- | | | |
|---|--|---|
| Driving lessons P2D <input type="checkbox"/> | Red Cross Driving <input type="checkbox"/> | |
| Open Road Refugee Driving <input type="checkbox"/> | English Classes (ELP) <input type="checkbox"/> | Justice of the Peace <input type="checkbox"/> |
| Bike Training <input type="checkbox"/> | Computer in Homes <input type="checkbox"/> | Volunteering <input type="checkbox"/> |
| Translations / Interpreting <input type="checkbox"/> | Community Law <input type="checkbox"/> | WRF Support <input type="checkbox"/> |
| Migrant Employment Solutions <input type="checkbox"/> | Immigration Clinics <input type="checkbox"/> | Community <input type="checkbox"/> |
| Migrant Youth Training <input type="checkbox"/> | Dentist <input type="checkbox"/> | Other: _____ |

How Did you hear about the Settlement Centre Waikato?

- | | | |
|---|--|---|
| Referred by agency <input type="checkbox"/> | Citizen's Advice Bureau - CAB <input type="checkbox"/> | Referred by friend <input type="checkbox"/> |
| Website <input type="checkbox"/> | Social media <input type="checkbox"/> | Attended an event <input type="checkbox"/> |
| Other (specify) _____ | | Red Cross <input type="checkbox"/> |

Office Use only
 Entered into Salesforce: Date: _____ Referral: MES P2D WRF Computer in Homes ELP
 OR MYW&TS PP Decypher Interpreting/Translation
 RCD Immigration Clinic Other: _____

Referral information

Driver Licence type: NZ Learners NZ Restricted International Licence NZ Full

Licence Number: _____ Issue Date: _____

Decypher

I am interested in training as an interpreter and would like to discuss this further

Please contact me regarding the next training programme

Would you like to receive emails about upcoming events, news and other information? YES NO

Privacy and collection of Personal Information Statement

The Privacy Act 1993 requires us to inform you that:

- You do not have to provide us with your personal information. However the information you provide will enable us to understand the type of support you wish to access.
- The information provided in the form is collected for the purpose providing you a service/services from the Settlement Centre Waikato and on site agencies and provide accountability to funders. You will not be contacted by any funders regarding the information you provide.
- The information you provide will be stored in electronic and hard copy form by the Settlement Centre Waikato agencies and services.
- You have the right to access the information you have provided.
- You have the right to request the correction of any personal information.

I _____ (Signature) Date: _____

Acknowledge that I have read this statement and I confirm I understand the reason and purpose of the collection of my personal information.