|  |
| --- |
| **EXPRESSION OF INTEREST** |

**Name / Ingoa**  **Date / Rā**

**Please indicate below which classes you are interested in taking, in order of preference:**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Class name** | **Day** | **Time** |
| **1** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **3** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **5** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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|  |  |  |  |

**Thank you for your interest in attending Toi Ora. Please carefully read the enrolment instructions:**

Only Toi Ora artists can enrol for the above programmes. Please see Toi Ora staff if you are not already registered.

We will do our best to place you in the classes you most want to go to, however, each class has a limited number of spaces. If a class is full, we will place you on a waiting list.

If you are unable to attend class, please call or email to let us know.

Phone: 09 360 4171

Email: [info@toiora.org.nz](mailto:info@toiora.org.nz)

**We will contact you to confirm your enrolment times and dates. Please arrive 15 minutes early to your first class to be introduced to the tutors and shown around the building. We want you to feel safe and comfortable, so if you have any questions or worries, please don’t hesitate to contact us.**

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| **SMOKING** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Toi Ora has a smoke free policy and is under obligation to report on smoking statistics within our community. Please fill in the brief questions below. Thank you.* | | | | | | | | |
|  | | | | | | | | |
| **Have you smoked in the last 30 days?** | | | | | Yes | | No | |
| **How many per day?** | 1-5 | 6-10 | 11-15 | 16-20 | | 21+ | | Prefer not to say |
|  | | | | | | | | |
| **Would you like us to provide you with the following advice on becoming smoke free?** | | | | | | | | |
|  | | | | | | | | |
| Quit Line | | | | | Yes | | No | |
| Auckland Regional Public Health Service – Quit Now | | | | | Yes | | No | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMERGENCY CONTACT DETAILS** | | | | | | | | |
| *Please provide details for one or more persons who could be contacted in the event of an emergency, it could be a friend, a family member, or someone else.* | | | | | | | | |
|  | | | | | | | | |
| Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | |
| **Primary Emergency Contact** | | | | **Secondary Emergency Contact** | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |
| **Relationship** | | | | **Relationship** | | | |
| Click or tap here to enter text. |  | Click or tap here to enter text. | | Click or tap here to enter text. |  | Click or tap here to enter text. | |
| **Home Phone** |  | | **Cell Phone** | **Home Phone** |  | | **Cell Phone** |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |
| **Email Address** | | | | **Email Address** | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVICE CONTACT DETAILS** | | | | | | | | | | |
| *These details are for any of the following services, community health centres, or medical professionals you may be using, or other agencies you have contact with.* | | | | | | | | | | |
|  | | | | |  |  | | | | |
| *Service Contact 1, please indicate:* | | | | | *Service Contact 2, please indicate:* | | | | |
| **Key Worker** | | | | | **Key Worker** | | | | |
| **Peer Support** | | | | | **Peer Support** | | | | |
| **Community Support Worker** | | | | | **Community Support Worker** | | | | |
| **Other:** | Click or tap here to enter text. | | | | **Other:** | Click or tap here to enter text. | | | |
|  | | | | |  | | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | |
| **Full Name** | | | | | **Full Name** | | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | |
| **Agency** | | | | | **Agency** | | | | |
| Click or tap here to enter text. | |  | Click or tap here to enter text. | | Click or tap here to enter text. | |  | Click or tap here to enter text. | |
| **Home Phone** | |  | | **Cell Phone** | **Home Phone** | |  | | **Cell Phone** |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | |
| **Email Address** | | | | | **Email Address** | | | | |