Name of service user:……………………………………………………………DOB……/………/……….. NHI…………….

I …………………………………………… (print name of service user) have been referred to name of service with the aim that this engagement will positively contribute to my recovery/wellness plan. I agreed to the referral.

name of service offers me the following support and interventions (please tick as applicable) that I agree to engage in:

accommodation □⁪ ⁪ meals □⁪ ⁪ medication administration support □⁪ ⁪ peer support □⁪

liaison with the responsible clinical team □⁪ ⁪ cultural support □⁪ home visits □⁪

recovery/wellness planning □⁪ relapse prevention □⁪ including my family/whānau in my recovery □⁪

acknowledging my strength □⁪ exploring job opportunities □⁪ exploring training opportunities □⁪

developing and implementing a safety plan □⁪

Please specify other support and/or interventions:

…………………………………………………………………..…………….. …………………………………………….……………………..

…………………………………………………………………..…………….. …………………………………………….……………………..

…………………………………………………..……………..…………….. …………………………………………….……………………..

I have received information about and understood the following:

Consumers’ Rights □⁪ Complaints □⁪ Confidentiality about my records □⁪

The name, role and qualification of the staff that participate in my support and interventions □⁪

Signature of client: Date: Time:

Name of staff member:…………….

Signature of staff member: Designation:………..

Date: Time:

This consent will expire on…………………………………….I can withdraw this consent at any time.

Services will have to design the consent in line with their tier three service specification.