

Information to be completed for every baby and family-whānau eligible for a pepi-pod or wahakura sleep space.

SLEEP SPACE ASSESSMENT

Southland

Otago

Date assessed:	Assessed by:	Signature:
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Organisation / Agency name	
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Organisation / Agency Contact number	Ph:
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Use of information – please read to birth parent when collecting this information

Privacy statement for distributor to read to the birth parent	<p>I need to collect some personal and health information that is shared with Te Whatu Ora – Southern about the Safe Sleep programme.</p> <p>Your information will be stored and protected in compliance with the Health Information Privacy Code and the Privacy Act 2020.</p> <p>You can ask us for access to your health information. You can ask for it to be corrected if you think it is wrong or misleading.</p> <p>You can direct any concerns about the privacy of your information to the Te Whatu Ora – Southern Privacy Officer or the Office of the Privacy Commissioner.</p>
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Birth parent and baby details

Birth parent NHI:

If NHI unknown, please complete:	Birth parent name:	Birth parent DOB:
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Baby's NHI (if known):

If baby's NHI unknown, please complete:	Date baby due or DOB:
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Sleep space accepted or declined

Accepted Declined

SLEEP SPACE DISTRIBUTION

Date provided:

<i>Sleep space type</i>		
Pepi-pod <input type="checkbox"/>	Wahakura <input type="checkbox"/>	Other (e.g. bassinet, cot) <input type="checkbox"/>

PROVIDER INFORMATION

Safe Sleep Space provided by:	Signature:
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Organisation / Agency name and contact number (if different from above):
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Organisation / Agency where sleep space obtained (if different from above):

On completion scan and email to pepi-pods@southerndhb.govt.nz. Keep original for your own records. Thank you.