ZAO INNOVATION HUB
TRANSFORMING TODAY, INSPIRING TOMORROW

PARTICIPANT INITIAL REGISTRATION & CONSENT FORM

This form is used for initial registration for Zao programs and services.
If you select Counselling in section 2, proceed to Section 7, Counselling Access & Intake.
If you are not seeking counselling, DO NOT complete the counselling-specific section.
Visit https://Zaoinnovationhub.com/forms for online fillable form.

* Required **Date: _____**

1. Participant Information *

Participant Name: _____

Date of Birth (YYYY-MM-DD): _____

Phone: _____

Email: _____

Referring Organization (if applicable): _____

Parent/Legal Guardian Name (if applicable): _____

Relationship to Participant: _____

Participant Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say ☐ Other: _____

2. Program or Service *

What are you participating in? Select all that apply:

☐ Counselling ☐ Youth Program ☐ Mentorship ☐ Workshop/Training ☐ Family Program ☐ Community Event
☐ Other: _____

If youth program, please select the programs you are interested in (you can choose all/more than one):

☐ One-on-One Counseling (Mondays) - No age restriction
☐ Creative Arts & Music Sessions (Tuesdays) - 13+
☐ Leadership Workshop (Wednesdays) - 13+
☐ Life Skills & Career Readiness Training (Thursdays) 13+
☐ Community/Connection Nights (Fridays) 13+
☐ Youth-Led Day Camps (Saturdays) No age restriction
☐ Sex and Relationship Seminars (Sundays) - 13+

3. Health, Accessibility & Emergency Information *

Allergies/medical information we should know: _____

Accessibility/accommodation needs: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

4. Media Consent *

Zao may photograph or record participants during programs or events. Your participation in a program does not depend on agreeing to media use.

☐ YES, I consent ☐ NO, I do not consent

5. Release of Information - Complete Only If Needed

I authorize Zao Innovation Hub to share relevant information with another person, professional or organization.

Person/Organization: _____

Purpose: _____

Information to be shared: _____

☐ I Authorize This Release ☐ I Do Not Authorize This Release

6. Final Acknowledgement & Consent *

Registration & Consent

By signing below, I confirm that I have read and understood this form and have had an opportunity to ask questions. I understand that my consent is provided for the purposes of program registration, participation, and communication.

Voluntary Participation & Personal Responsibility

I understand that participation in ZAO Innovation Hub programs is voluntary. I agree to follow applicable program guidelines and understand that I am responsible for my own conduct and actions while participating in ZAO activities.

Emergency Medical Care

In the event of an emergency, I authorize reasonable emergency medical care to be obtained or provided when necessary, including care provided by qualified emergency or medical personnel.

Attendance & Commitment

I commit to attending the program(s) I have selected to the best of my ability. If I am unable to attend, I will make reasonable efforts to notify ZAO Innovation Hub in advance.

Privacy & Confidentiality

I understand that personal information I provide to ZAO Innovation Hub will be handled respectfully and in accordance with applicable privacy requirements. I understand that confidentiality may be subject to exceptions where disclosure is required or permitted by law.

☐ I have read, understood, and agree to the above.

Participant/Parent/Guardian Name: _____

Signature: _____ Date: _____

IMPORTANT: STOP HERE if you are not seeking counselling.

If you selected Counselling in Section 2, please complete section 7-8 below.

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7. Counselling Access & Intake - Complete Only If Seeking Counselling

This section helps Zao determine the appropriate way for you to access counselling. NIHB-funded counselling, other insurance/benefit coverage, and Zao's free counselling program are separate access pathways.

7A. How Would You Like to Access Counselling? *

Please select the one option that best describes your situation.

☐ **NIHB-Funded Counselling**

I am an eligible First Nations or registered Inuit client and would like to access counselling with an NIHB-approved provider. NIHB-funded counselling is not Zao's free counselling program.

☐ **Other Insurance or Benefit Plan**

I have another insurance or benefit plan and would like to determine whether my plan can cover counselling.

☐ **Zao Free Counselling Request**

I do not have insurance or benefits and cannot afford to pay privately for counselling. I would like to request Zao's limited free counselling option with any available counsellor. I understand that availability is limited and there may be a waitlist.

☐ **I Am Not Sure**

I need help determining which counselling access option applies to me.

7B. NIHB Information - Complete Only If NIHB Is Selected

We will connect you with an approved NIHB provider. This pathway is for eligible First Nations and registered Inuit clients. Zao requests information needed to verify eligibility and complete the applicable NIHB authorization/billing process.

Status / Registration Number: _____

First Nations or Inuit Band/Community/Affiliation (if applicable):_____

Preferred contact for NIHB-related follow-up:_____

7C. Other Insurance / Benefit Information - Complete Only If Applicable

Insurance / Benefit Provider:_____

Member / Plan Number:_____

Policy Holder Name:_____

Relationship to Policy Holder:_____

7D. Free Counselling Request - Complete Only If Applicable

Zao's free counselling pathway is intended for people who do not have NIHB or other applicable insurance/benefit coverage and cannot afford private counselling. Free counselling is subject to limited availability and may involve a waitlist. Submitting a request does not guarantee immediate access.

Briefly tell us why you are requesting free counselling:

_____

_____

8. Initial Counselling Information *

What would you like support with?

_____

_____

What are your main goals for counselling?

_____

_____

Preferred days/times for appointments: _____

Is there anything you would like the counsellor to know before contacting you?

_____

_____

8A Counselling-Specific Acknowledgement *

I understand that completing this counselling section is an initial intake and access request. It does not guarantee immediate appointment availability, insurance reimbursement, NIHB authorization, or placement in Zao's free counselling program. Where applicable, eligibility, coverage, authorization, and availability will be confirmed before counselling begins.

Participant/Parent/Guardian Name: _____

Signature: _____ Date: _____

Thank you for choosing Zao Innovation Hub Inc.

Please send the completed form via our website or email to contact@zaoinnovationhub.com

Note: Counselling Access Routing

Selected Pathway	Next Step
NIHB	Zao verifies the applicable NIHB pathway and counselling proceeds with an approved NIHB provider subject to eligibility/authorization requirements.
Other Insurance	Zao reviews the insurance or benefit pathway and provides next steps.
Free Counselling	The request is considered for Zao's free counselling waitlist, subject to eligibility and availability.
Not Sure	Zao follows up to help determine the appropriate access pathway.