



Te Korowai Aroha o Aotearoa Inc.

990a State Highway 1, Te Horo, PO Box 184, Otaki 5542, Ph/Fax (06) 364 2209
Email: reception@tkaa.org.nz

REGISTRATION INFORMATION SHEET

CHECKLIST

- Indicate the preferred area where you would like to attend the Te Putake – Whānau Ora Training Programme
- Complete each Section of the registration form
- REGISTRATION SUPPORT** - All registrations must be supported by either:-
 - a) Associate Iwi Agency of Te Korowai Aroha o Aotearoa
 - b) Your Agency and Tangata Whenua / Mana Whenua Support
- Return registration forms via post, fax or email to:

TE KOROWAI AROHA O AOTEAROA

PO Box 184

OTAKI 5542

Ph (06) 364 2209

Fax (06) 364 2209

Email: reception@tkaa.org.nz

ASSISTANCE OR ENQUIRIES

If you require assistance to complete the registration form or you have any enquiries please contact Ripeka Harford at the office, Ph (06) 364 2209, Email reception@tkaa.org.nz

ASSOCIATE IWI AGENCIES

Associate Iwi Agencies are agencies who are affiliated to Te Korowai Aroha o Aotearoa through a Kirimana (Memorandum of Understanding).

MANA WHENUA / TANGATA WHENUA SUPPORT AND NON-ASSOCIATED AGENCIES

Non-Associated Agencies are agencies who are not affiliated to Te Korowai Aroha o Aotearoa.

Ākonga from Non-Associated Agencies will need to:

- Provide your agency details
- Tangata whenua / Mana whenua support
- Complete a Practicum Learning Plan

PRACTICUM HOURS AND SUPERVISION

All ākonga will be required to submit **150 Supervised Practicum hours**. In order to assist ākonga to complete the practicum requirements, a Practicum Learning Plan will be negotiated on approval of your registration form, between Te Korowai Aroha o Aotearoa, the ākonga and:

- The Associate Iwi Agency who supports your registration or;
- A designated supervisor from your agency or;
- Mana Whenua/Tangata whenua support

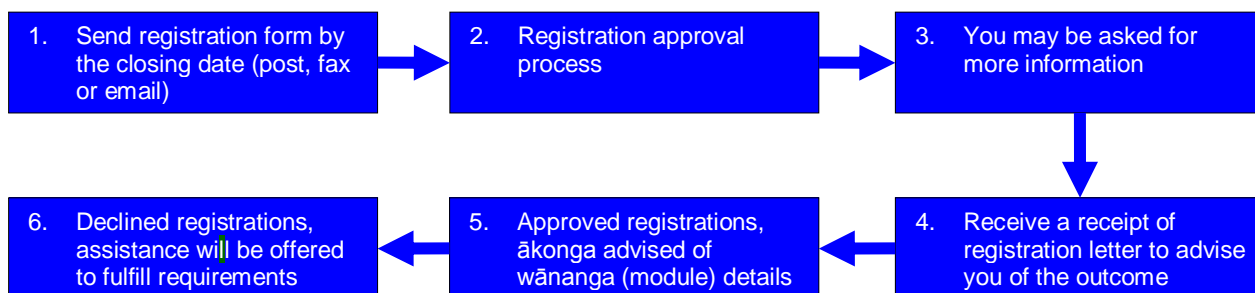
WITHDRAWALS OR NON ATTENDANCE NOTIFICATION

If ākonga choose to withdraw from the programme or are unable to attend a noho they must do so in writing to the Kairātonga PO Box 184, Otaki 5542, Ph (06) 364 2209, Fax (06) 364 2209, Email: reception@tkaa.org.nz, at least 2 weeks prior to the start of the training programme or each wānanga (module). If notification is not provided ākonga may be invoiced for catering & accommodation costs.

DISCLOSURE AND THE PRIVACY ACT 1993

1. Te Korowai Aroha o Aotearoa ensures ākonga information is kept secure and confidential whether this comprises personal disclosures or assessment results, in accordance with the Privacy Act 1993.
2. Ākonga have the right, under the Privacy Act 1993, to request access to any information that Te Korowai Aroha o Aotearoa holds about them.
3. Information regarding Te Korowai Aroha o Aotearoa training programmes will be used for official and statistical purposes however all identifying features will be removed.
4. Due to the unique nature of Te Korowai Aroha o Aotearoa Training Programmes we also require your consent to share ākonga certification information with your agencies or mana whenua / tangata whenua support.

REGISTRATION APPROVAL PROCESS



MAURI ORA WANANGA REGISTRATION FORM

Registration Closing Date		Time	
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PROGRAMME INFORMATION

Training Programme	MAURI ORA		
Please indicate the preferred area where you would like to attend the which rohe you prefer to do your training in	1ST CHOICE		
	2ND CHOICE		
	3RD CHOICE		

PERSONAL DETAILS (Section A)

Whakapapa			
Iwi		Hapū	
First Names		Last Name	
Address		City/Town	
PO Box		City/Town	
Date of Birth		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Hm Phone		Mobile	
Wk Phone		Email	

REGISTRATION SUPPORT INFORMATION (Section B)

Agency Support Details			
Name of Support Agency			
Is this agency an Associate Iwi Agency of Te Korowai Aroha o Aotearoa	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is your Agency CYF Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Physical Address		City/Town	
PO Box		City/Town	
Phone		Fax	
Email		Website	
Name of Hapū / Iwi your agency services			
Name of Your Manager			
Manager's Signature:			

Tangata Whenua / Mana Whenua Support Details	
Please Identify the Hapū / Iwi supporting your registration	
Name of Kaumātua or Hapū/Iwi representative endorsing your registration	
Kaumātua or Hapū/Iwi representative Signature	

SUPERVISION (Section C)	
Who will support you to ensure you meet Te Korowai Aroha o Aotearoa's supervision requirements, ie practicum hours.	<input type="checkbox"/> MY AGENCY <input type="checkbox"/> TANGATA WHENUA / MANA WHENUA
Supervisor Name (please print clearly)	
Contact Details for Supervisor	

RECOGNITION OF PRIOR LEARNING (Section D)	
Have you previously attended Te Korowai Aroha o Aotearoa Training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you attain Te Korowai Aroha o Aotearoa Certification / Qualification?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please advise programme Certificated in and the year completed	

MEDICAL (Section E)	
Please advise any medical conditions/disability that may hinder you whilst participating on the training	

EMERGENCY CONTACTS (Section F)			
In case of an emergency, please identify a contact person:			
First names		Last name	
Address		City/Town	
Phone Home		Phone Work	
Cell		Relationship	

CONSENT (Section G)	
<i>I consent to Te Korowai Aroha o Aotearoa Inc collecting information about me in relation to this training programme and sharing information regarding certification with my agency. I declare all of the above information is true and correct, I am also aware that Te Korowai Aroha o Aotearoa Inc may need to seek further clarification from my organisation and supervisor in regards to this application.</i>	
Sign	
Date	

Office Use Only	
Registration Form Complete:	<input type="checkbox"/>
Date Received:	/ /
Date of Approval:	/ /
ROR Sent	/ /
Kairatonga – Signed: