



Te Korowai Aroha o Aotearoa Inc.

3 Spence Lane, PO Box 208, Whakatane, Ph (07) 308 0585, Fax (07) 308 0587, Email: reception@tkaa.org.nz

REGISTRATION INFORMATION SHEET

CHECKLIST

- Indicate the preferred area where you would like to attend the Mauri 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 to:
TE KOROWAI AROHA O AOTEAROA
PO Box 208
Whakatane
Ph (07) 308 0585
Fax (07) 308 0587
Email: reception@tkaa.org.nz

ASSISTANCE OR ENQUIRIES

If you require assistance to complete the registration form or you have any enquiries please contact Esmay Wharewera or Parehuia Mafi at the office, Ph (07) 308 0585, 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.

Akongā 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 akongā will be required to submit **500 Supervised Practicum hours**. In order to assist akongā 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 akongā and:

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

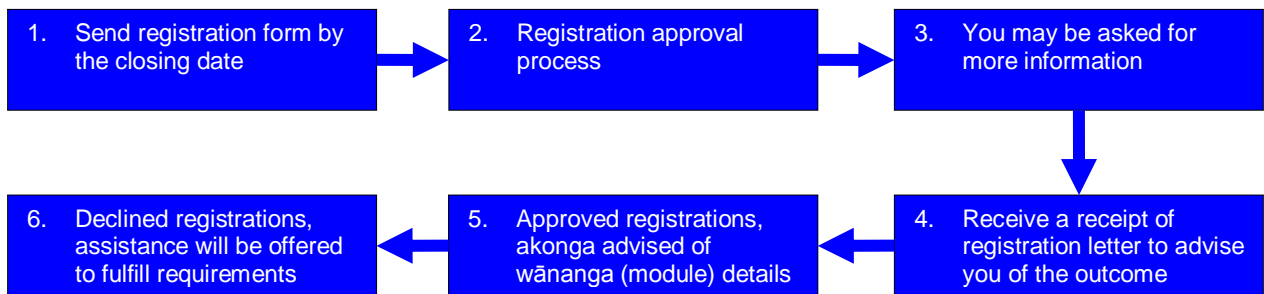
WITHDRAWALS OR NON ATTENDANCE NOTIFICATION

If akongā choose to withdraw from the programme or are unable to attend a module they must do so in writing to the Kaitoko Rātonga Po Box 208, Whakatane, Ph (07) 308 0585, Fax (07) 308 0587, 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 akongā may be invoiced for catering & accommodation costs.

DISCLOSURE AND THE PRIVACY ACT 1993

1. Te Korowai Aroha o Aotearoa ensures akonga information is kept secure and confidential whether this comprises personal disclosures or assessment results, in accordance with the Privacy Act 1993.
2. Akonga 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 akonga certification information with your agencies or mana whenua / tangata whenua support.

REGISTRATION APPROVAL PROCESS



PROGRAMME REGISTRATION FORM

Registration Closing Date	Monday 28 June 2010	Time	3pm
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PROGRAMME INFORMATION

Training Programme	MAURI ORA		
Please indicate <u>area</u> you would like to attend			<i>Te Taitokerau (Northland)</i>
			<i>Tāmaki Makaurau (Auckland)</i>
			<i>Waiariki (Bay of Plenty)</i>
			<i>Te Tairāwhiti (East Coast)</i>

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
Phone		Cell	
Email			

REGISTRATION SUPPORT INFORMATION

(Section B)

Is your Registration supported by an Associate Iwi Agency of Te Korowai Aroha o Aotearoa	<input type="checkbox"/> YES – complete this section
Name of Associate Iwi Agency	

Is your Registration supported by a non-affiliated Agency	<input type="checkbox"/> YES – complete this section
Please Identify the Hapū / Iwi your agency services	
Name of Agency	
Name of Manager	
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
Tangata Whenua / Mana Whenua support required	
Please Identify the Hapū / Iwi you are representing	
Name of Kaumātua or Hapū/Iwi representative endorsing your registration	

Kaumātua or Hapū/Iwi representative to sign	
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SUPERVISION (Section C)	
Will you be supported to by your agency, Tangata Whenua / Mana Whenua to meet the Te Korowai Aroha o Aotearoa supervision requirements. Please contact the office if you have answered 'NO'	<input type="checkbox"/> YES/NO

RECOGNITION OF PRIOR LEARNING (Section D)	
Have you previously attended Te Korowai Aroha o Aotearoa Training?	<input type="checkbox"/> YES/NO
Did you attain Te Korowai Aroha o Aotearoa Certification / Qualification?	<input type="checkbox"/> YES/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	/ /
Kaitoko Ratonga – Signed: