

APPLICATION TO ATTEND MAHURI TOTARA

SITE INFORMATION (changes every year)

(Section A)

Please indicate with a ✓ in the Box the site you are applying to participate on:

Location 1: Northland

Location 2: Wairarapa

PERSONAL DETAILS – PLEASE USE CAPITAL LETTERS

(Section B)

First Names		Last Name	
Physical Address		Postal Address	
City/Town		City/Town	
Date of Birth		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Contact Number 1		Contact Number 2	
Email			

WHAKAPAPA

Iwi		Hapū	

REGISTRATION SUPPORT INFORMATION

(Section C)

Whānau/Hapū/Iwi Support Details

Name of Whānau/Hapū/Iwi or Hāpori Organisation who will support you whilst you are on this hiko			
Main Contact Person			
Physical Address		Postal Address	
City/Town		City/Town	
1 st Contact Phone		2 nd Contact Phone	
Email			

MEDICAL & DIETARY

(Section D)

Medical conditions or disabilities	
Dietary requirements	
Do you have any Allergies?	

EMERGENCY CONTACTS

(Section E)

In case of an emergency, please identify a contact person:

First Name/s		Last Name	
Address		City/Town	
Contact # 1		Contact # 2	
Relationship			

REASON I WANT TO PARTICIPATE? (Section F)
 (in no more than 100 words the reason why you wish to participate in this Wānanga)

At least one support letter from Whānau/Hapū/Iwi or Hāpori Organisation must accompany this Application

CONSENT (Section G)

DISCLOSURE AND THE PRIVACY ACT 1993

1. All participants (or their parents/legal guardians for those under 18 years) have the right, under the Privacy Act 1993, to request access to any information that Te Korowai Aroha o Aotearoa holds about them.
2. Information regarding Te Korowai Aroha o Aotearoa training programmes will be used for official and statistical purposes however all identifying features will be removed.
3. There are occasions when photos/videos are used on training – if any of this material is going to be used for commercial purposes (ie promoting the training), Te Korowai Aroha o Aotearoa will get your written consent first to use this material (or consent from your parent/legal guardian if under the age of 18 years).
4. Due to the unique nature of Te Korowai Aroha o Aotearoa Training Programmes we also require your consent to share certification information with your whānau, hapū, iwi or mana whenua / tangata whenua support.
5. Te Korowai Aroha o Aotearoa ensures all participant’s information is kept secure and confidential whether this comprises personal disclosures or assessment results, in accordance with the Privacy Act 1993

I hereby 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 whānau, hapū, iwi or iwi organisation. 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 in regards to this application.

Please Note: The age of consent for anyone participating on Te Korowai Aroha o Aotearoa’s Mahuri Totara training, including all activities, is 18 years. Any person under 18 years will also require their parent or guardian’s signature of consent to all of the above.

Rangatahi Signature	
Parent/Legal Guardian signature (if under 18yrs)	
Date	

Please return registration forms via post, fax or email to: **TE KOROWAI AROHA O AOTEAROA**, PO Box 208, WHAKATANE 3120
Ph: 07 3080 585 Fax: 07 3080587 Email: sdinfo@tkaa.org.nz