

Everything marked with \* must be filled in

TRAINING REGISTRATION FORM			
<b>SITE INFORMATION</b>			<b>(Section A)</b>
Please indicate the most suitable location:-			
Location 1:	Tbc		
Location 2:	tbc		
Which training would you like to register on?			
Wānanga:	MAURI ORA		
<b>PERSONAL DETAILS – PLEASE USE CAPITAL LETTERS</b>			<b>(Section B)</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			
<b>WHAKAPAPA</b>			
*Iwi		Hapū	
<b>REGISTRATION SUPPORT INFORMATION</b>			<b>(Section C)</b>
<b>Agency Support Details</b>			
Name of Agency who will support this registration			
Is this agency an Associate Iwi Agency of Te Korowai Aroha o Aotearoa? (Check Website)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your Agency CYF Approved?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Physical Address		Postal Address	
City/Town		City/Town	
Phone		Fax	
Email		Website	
Name of Manager		Contact Number	
<b>Tangata Whenua / Mana Whenua Support Details</b>			
*Kaumatua support- ing registration			
*Contact details (ie Address/Phone)			
*Iwi		Hapū	
<b>MEDICAL &amp; DIETARY</b>			<b>(Section D)</b>
Medical conditions or disabilities			
Dietary requirements			
Do you have any Allergies?			

<b>EMERGENCY CONTACTS</b>	<b>(Section E)</b>
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<b>In case of an emergency, please identify a contact person:</b>			
<b>*First names</b>		<b>*Last name</b>	
<b>*Address</b>		<b>*City/Town</b>	
<b>*Contact Number 1</b>		<b>Contact Number 2</b>	
<b>*Relationship</b>			

<b>CONSENT</b>	<b>(Section F)</b>
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**DISCLOSURE AND THE PRIVACY ACT 1993**

1. Akonga 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. 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.
4. 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 (*for more information refer to Akonga Handbook – He mana tō te tanga – Privacy*)

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 agency/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 from my organisation and supervisor in regards to this application. I have read and understand the information advised in the Akonga Handbook – He mana tō te tanga – Privacy

<b>Electronically signed form (mark box)</b>	<input type="checkbox"/>	<b>OR</b>	<b>Signature</b>	
<b>Date</b>	____ / ____ / _____			

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](mailto:sdinfo@tkaa.org.nz)**