



Application Form

DATE: / /

TAUIRA (STUDENT) PERSONAL INFORMATION

First Name : Last Name :

Nickname : Contact Phone:

Email:

Address :

City/Town : Post Code :

Region : Date of Birth : / /

Age: Gender : Male Female

Marital Status: Single Partner Sole Parent Do you have any children in your care? Yes

If Yes: How Many _____ Male: Age _____ Female: Age _____ No

TO PEPEHA (ABOUT YOU)

Nationality : Maori Samoan Tongan Cook Islander Fijian Other

IWI 1. _____ 2. _____ 3. _____

Rohe/Area: _____ Maunga: _____ Marae: _____

EDUCATION (This does not reflect on your ability to participate on the Mahi Whakaara Programme.)

Highest Qualification Received: No Qualifications NCEA Level 1 NCEA Level 2 NCEA Level 2

NCEA Level 3 Level 4-6 Level 7 or above

NSN# (National Student Number:

OBTAINED CREDENTIALS

Drivers License: Learners Retricted Full Heavy Vehicle/Other

Skills/Training:



AGENCY/ORGANISATION DETAILS (For agencies & organisations to complete)

Agency Name :

Primary Contact Name: Contact Phone:

Email :

Comments :

Whanau Support Details

First Name	Whanau Name	Relationship	Contact Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are other agencies involved with Whanau?

Agency	Contact Person	Role	Contact Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Any relevant information that would support the Tauira/Whanau

WINZ DETAILS

Are you currently receiving any financial assistance from work and income?

YES NO OTHER: SWN No.

NZ LAW (This does not reflect on your ability to participate on the Mahi Whakaara Programme)

Do you have any criminal convictions, past or pending?? YES NO If Yes: Please provide details



HEALTH & MEDICAL CONDITIONS

Parent/Caregiver/Next of kin - (For cases of an emergency or main point of contact parent/caregiver)

Name :	<input type="text"/>	Last Name :	<input type="text"/>
Ph No :	<input type="text"/>	Email :	<input type="text"/>

1. Functional Capacity & Safety Supports - Briefly describe any conditions (including physical, neurodivergent, or sensory) that might require adjustments to help you operate safely in a workshop environment.)

Common Supports Needed (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Environmental Adjustments (e.g., quiet space) | <input type="checkbox"/> Safety Plan Review | <input type="checkbox"/> Mobility or medical Aids |
| <input type="checkbox"/> Communication Tools | <input type="checkbox"/> Learning/Focus Support | <input type="checkbox"/> Workshop Safety / Trigger Plan |

2. Emergency Response Plan (Critical Details) In the event of a medical episode, what signs should we watch for, and what is your preferred immediate response plan (e.g., specific medication, key contact, or environment change)?

3. Health & Medical Details (Specifics)

Allergies :	<input type="text"/>	Allergies :	<input type="text"/>
Medication:	<input type="text"/>	Medication:	<input type="text"/>
Immunisation:	<input type="text"/>	Immunisation:	<input type="text"/>

- I have a pre-existing medical management plan Yes No If yes, please attach or provide details below.
- Do you have Substance & Medical Notes that we should be aware of (Include workshop safety triggers or side effects):

Health / Medical Notes:

TAUIRA / AGENT SIGNATURE

Tauira Signature & Date:

/ /

Agent Signature & Date:

/ /

In accordance with the Privacy Act 2020 we are collecting your personal information because it helps us to provide our services to you. The information provided by you may be used to conduct surveys and generate reports to be submitted to our partners and government officials. If you wish for your data not to be shared you have the right to oppose this. You also have the right to ask for a copy of any personal information we hold about you and to ask for it to be corrected if you think it is wrong. You can request a copy of your data by sending a request to mihi@mahiwhakaara.training, or, phone +64 274771932, or, come to our 23 Haining St, Te Aro, Wellington, 6011.