



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/Community Support Details

First Name	Whanau Name	Relationship	Contact Phone No.

Are other agencies involved with Whanau?

Agency	Contact Person	Role	Contact Phone No.

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 automatically affect your ability to participate in the Mahi Whakaara Programme)

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

Note: Mahi Whakaara is an authorised NZ Police Vetting agency. Disclosed legal matters may be reviewed confidentially for safety, suitability, and programme-risk assessment. Where formal Police vetting consent is reasonably required and not provided, enrolment may be unable to proceed.



HEALTH & MEDICAL CONDITIONS

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

Name : Last Name :
Ph No : Email :

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):

- ☐ Environmental Adjustments (e.g., quiet space) ☐ Safety Plan Review ☐ Mobility or medical Aids
☐ Communication Tools ☐ Learning/Focus Support ☐ 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 : Allergies :
Medication: Medication:
Immunisation: Immunisation:

☐ 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:

By signing this application, I confirm that the information provided is true and correct. I understand that submitting this application does not guarantee acceptance or enrolment. I acknowledge that I have read, understood, and agree to the Mahi Whakaara Programme Terms and Conditions.

In accordance with the Privacy Act 2020, Mahi Whakaara collects personal information for eligibility, safety, learner support, enrolment, funding, reporting, pastoral care, programme delivery, and pathway purposes. Information may be shared where consent allows, where necessary for programme participation or safety, or where required by law. You may request access to, or correction of, your information by:

emailing mihi@mahiwhakaara.training or phoning +64 274771932.