



Registration Form KAUKAUA LIGHT YOUTH PROGRAMME

Name:

Address: Postcode:

Phone: E-Mail:

The following information is used for statistical/reporting purposes only (please TICK one)

Male Female

School:

DOB: ____ / ____ / _____ Age:

Ethnicity – Please tick the boxes that you identify with?

- Tongan Samoan Cook Island Fijian Niue Tokelauan Tuvaluan NZ Maori
- Other _____

I'am attending the Youth Programme to improve, gain or want to ?

- Public speaking skills
- Confidence
- Connect with my culture and cultural values
- Find a career or vocational pathway for my future
- Find a Part time job or work experience
- Meet new people and make friends
- Seek Spiritual guidance or direction
- Other _____

PARENTAL CONSENT to attend the Rotorua Pacific Islands Development Charitable Trust - Youth Programme | Please tick the box and sign below - Yes

Parent Name:

Signature: Date: ____ / ____ / _____

RETURN THE FORM TO THE RPIDCT OFFICE OR VIA EMAIL:

monika.bansal@aeretai.nz

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