

*Te Whariki Tautoko*  
*Incorporated Society*



**He tono mo te whai mema ki Te Whariki Tautoko**  
**Application for Membership**

INGOA/NAME:	ROHE/AREA:
KAINGA NOHO/HOME ADDRESS:	KAINGA MAHI/WORK ADDRESS:
WAEA KAINGA/PH. HM:	WAEA MAHI/PH.WK: (if applicable)
WAEA KAWE/CELLPHONE:	EMAERA/EMAIL:
RA WHANAU/BIRTHDATE:	MATAWAKA/ETHNICITY:
IWI/TRIBAL AFFILIATIONS:	HAPU/SUBTRIBE AFFILIATIONS:

**Matauranga/Education**

Kaupapa Maori Training Completed or Completing (Include year completed)

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Etahi matauranga o te ao pakeha (Include year completed) (Please use separate paper if needed)

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## **Na mea Whakahauhangā/Mandatory Information**

### **Ko wai koe/Applicant Information**

Please answer the following questions to the best of your ability (Feel free to add more paper)

*Brief explanation of your life experiences that have prepared you to join Te Whariki Tautoko*

*What are your expectations from Te Whariki Tautoko?*

*What can you offer Te Whariki Tautoko?*

*Is there anything you would like to add to support your application?*

### **Declaration**

This information will be used for the purpose of achieving the aims and objectives of Te Whariki Tautoko and appropriate information retention. Membership status may be published on the Te Whariki Tautoko website in an area which is accessible to the public. Otherwise, unless required by law, personal details will not be shared with any other organisation or individual, except for statistical purposes.

Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Korero o te Kaimanaaki/mentor/supervisor Information**

Name:

Ph:

Email:

How long have known the applicant?

Supervision provided: (please select appropriate)

- a) Cultural      e) Clinical      i) Cultural/Clinical

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How often do you hui

- a) Weekly      e) fortnightly      i) monthly      o) bi-monthly

Please comment:

Please comment further on knowledge and experiences to support application (please use more paper if needed)

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Signed:

Date:

Thank you very much for providing the above information to support this application.

**That is all the information required at this time. Please check that you have the following information/documentation included here before sending the application in to Te Whariki Tautoko.**

### **Information required**

Please check that you have the following information before sending. This will ensure an application is processed quicker.

- Applicant information completed and signed
- Supervisor information completed and signed
- A current CV

**Please ensure you have a koroua, kuia and/or your kaimanaaki who can korero on your behalf. Please bring whoever else you think can support your application.**

Please email your completed application to:

*whariki18@gmail.com*

Note: Membership invoices will be issued in the name of the member unless advised otherwise.

### **Bank Account Details:**

Bank of New Zealand  
Te Whariki Tautoko  
02-0784-0040595-000

**Please use your name as a reference when making payment.**