



UENUKU

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Te Whakairo Hei Huarahi ki te Mahi Uenuku Rangatahi Carving Workshop

20 Ward Street, Raetihi

RANGATAHI ENROLMENT FORM

2019 Waka Mutunga Carving Experience Programme - **FREE**

PERSONAL INFORMATION	
Surname or whanau name	
First Names	
Preferred Name	
Date of Birth	
CONTACT DETAILS	
Phone or Mobile	
Email Address	
HEALTH & DISABILITY	
Do you have a disability, impairment, long-term medical condition or take medication that may affect your studies, take drugs or anything else that you feel we should know about?	
YES / NO If you circle Yes, please give more details	
DECLARATION	
<ul style="list-style-type: none">• I declare all information provided on this form and in support of my enrolment is true and complete• I declare that I am 18 years old or older• I agree to comply with the rules and policies of the Uenuku Rangatahi Carving Workshop throughout this programme	
Signed:	Date:



TE MANO O TE
WHENUA TUPUA
CHARITABLE TRUST



TE ARA TUPUA
CHARITABLE TRUST



NGĀ PURAPURA
TUPUA
CHARITABLE TRUST

