

Waitutu Incorporation Application Form

Rangatahi/Kaitiaki Programme 7 - 9 October 2024

The rangatahi 3 day programme is limited to 10 people - minimum age 18 years old

1. PAKEKE | Details

Full name

Gender Male Female Date of birth Age years

Other

Postal address

Home phone Work phone

Mobilephone Fax

Email address(s)

Favourite Subjects

Interests & Hobbies

Career Aspirations

Have you been on any other Kaupapa Hikoi?

Current job/study

Waitutu Incorporation Shareholder/Beneficiary

NB: You must be registered with Kāi Tahu - what is your whakapapa registration number:

Parents/Grandparents Waitutu Incorporation shareholder Name/Trust:

2. PAKEKE | Personal Characteristics

To help us plan your course - rate your knowledge in the following areas

	Excellent	Very good	Reasonable	Limited	No knowledge
• Understanding of Waitutu history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Level of fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What would you like to learn/do/achieve during your three day Rangatahi hikoi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Application Forms are due **BEFORE 4pm, Saturday 30 June 2024**

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Please scan your completed form and email to: waitutuincorporation@hotmail.com

3. WHĀNAUKATATA | Next of kin & emergency contact details

Relationship	<input type="text"/>		
Full name	<input type="text"/>		
Postal address	<input type="text"/>		
Home phone	<input type="text"/>	Work phone	<input type="text"/>
Mobilephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Alternative email	<input type="text"/>
Emergency Contact 2 Relationship	<input type="text"/>		
Full name	<input type="text"/>		
Postal address	<input type="text"/>		
Home phone	<input type="text"/>	Work phone	<input type="text"/>
Mobilephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Alternative email	<input type="text"/>

4. TE HAERENGA KI Lake Hauroko | Travelling to the hīkoi start point

Successful applicants will be expected to pay for travel from their home town to Invercargill or Christchurch Airports. Hīkoi transport will be provided to and from Lake Hauroko from Invercargill Airport only.

Please outline below your travel intentions in the event you're successful.

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5. WHĀNAU | Hauora, Dietary & Medical Information

Do you have any dietary requirements? If so, please tick

- N/A Gluten free Dairy free Vegan
 Vegetarian exclusive Other food allergies/intolerances – please specify:

Do you suffer from any of the following? If so, please tick

- Blackouts/Migraine/Dizzy spells Allergy to Bees or Wasps
 Car or Sea Sickness Fear of heights
 Asthma Heart condition
 Diabetes or Epilepsy Depression or Anxiety
 Bi-polar, Schizophrenia, eating disorder Joint issues, including back issues
ADD/ADHD, Asperger or Dyspraxia
 Sleep walking

Or any other condition or issue which may be relevant to your participation in the programme (please give details):

If you ticked above, please give more information here, including: the date of the most recent diagnosis/attack/ incident and the medication administered:

Do you currently take any medication?

- Yes No If yes, please specify the medication and outline if they do/do not administer the medication themselves:

In the last two years, have you been knocked unconscious, had a serious illness or major operation?

- Yes No If yes, please specify:

Are you allergic to anything?

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6. ME TE WHAKAAETAKA | Acknowledgement of risk Information

Health and safety is managed by The Waitutu Incorporation Waitutu Lodge Health and Safety Plan. The programme management will actively look to manage all health and safety aspects of the programme. Management will endeavour to identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards where possible.

I understand that there are inherent risks associated with participation in certain activities on the Waitutu Incorporation rangatahi programme (including those stated above) and that these risks cannot be completely eliminated. I understand that the Waitutu Incorporation does not accept responsibility for loss or damage to person or personal property.

7. KĪ TAURAKI | Pakeke declaration

I agree to comply with the kaupapa of Waitutu Incorporation rangatahi programme and in particular I will follow all instructions and act with common sense, safety and consideration for others. I meet the criteria specified.

Signature _____ Date _____
Pakeke

NOTIFICATION OF SUCCESSFUL APPLICANTS

Successful applicants will be notified by email by the end of July 2024 in order for travel arrangements to be made.

Jet Boat to Waitutu Lodge, Lodge accommodation and food will be included in the program.

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