

## **MEMBER UPDATE FORM**

The form is to submit changes to your registration details held on the **Ngāti Whātua o Kaipara** hapū database. The database is administered by Ngā Maunga Whakahii o Kaipara Development Trust.

Applicant DETAI	LS								
INGOA MATUA/SURNA	ME	MAIDEN NAME (if applicable)	INGOA IRIIRI/	GIVEN N	NAME(	S)			ATA/WAHINE circle one)
									M / F
PREFERRED NAME (IF	APPLICA	ABLE)	OTHER NAME	S KNOW	NN BY	,			
KAINGA/ HOME ADDRESS			POSTAL ADDRESS (if different)						
PRIMARY CONTACT NUMBERS	HOME I	NUMBER				EMAIL			
	MOBILE	ENUMBER	_						
RA V	 VHANAU/	BIRTH DATE			A	FFILIATED HAR	PU		
OCCUPATION			LIST YOUR Q	UALIFIC	CATIOI	NS / TRADE SK	ILLS		
TE REO MAORI SPEAK	KING LEV	EL (please circle)	None	Beginn	ner	Intermediate	Fluer	nt	Advanced
SPOUSE NAME									
SPOUSE IWI (if applica									
RELATED CHILDREN (	aged und	ler 18 years only)	MALE/FEMAL	E C	CHILD	S BIRTHDATE		RELA	TIONSHIP TO YOU
		Write on the back of th	is sheet if you ne	ed more s	space				

MEMBER UPDATE FORM CIVINO:

# **Change of Primary Marae or affiliations;**

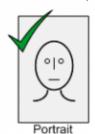
( <u>Ple</u>	MY PRIMAR ase circle one – selecting n	RY MARAE FOR VOTING nore than one will result		void.)
REWETI	HARANUI	KAKANUI	ARAPARERA	PUATAHI
Whiti Te Ra	Ngā tai i turia ki te maro whara	Te Kia Ora	Te Aroha Pa	Te Manawanui
	Indicate of	her marae affiliations be	low (circle)	
REWETI	HARANUI	KAKANUI	ARAPARERA	PUATAHI

### **KAIPARA CARD - OPTIONAL**

Being a registered member of Ngāti Whātua o Kaipara entitles you to the benefit of a Kaipara Card. You can use your Kaipara Card to access discounted services and activities. You are generally required to present your Kaipara Card on entry in order to receive your discount.

Please provide a passport style photograph with your application so we can have a card made up. If you are emailing your application, you must attach a pdf. File of high resolution.

You can take this photo yourself but it must meet the criteria shown.



### Suitable Photo Criteria:

- Must be a headshot with a gap around the head.
- Face and eyes in full view with no obstructing objects (e.g. no hats or scaryes)
- No shadows or glare in the photo

# Whakapuakitanga/Declaration and Statement

I sincerely declare that:

- 1. All the information on this registration form is true and correct
- 2. I understand that the information I provide will be held by the Ngā Maunga Whakahii o Kaipara Development Trust Office and stored in adherence with the Privacy Act 1993;
- 3. I acknowledge that the information supplied may be made available to all entities under the governance of Ngā Maunga Whakahii o Kaipara Development Trust Office to keep me informed of opportunities & activities that may be of interest to me;
- 4. I authorise Ngā Maunga Whakahii o Kaipara Development Trust Office to <u>share</u> the information collected on this registration with the stated Primary Marae, and to make such inquiries about me to any third party that may be relevant to processing this update.
- 5. I have the right of access to and the right to request correction of information held by Ngā Maunga Whakahii o Kaipara Development Trust Office concerning me.

Signature		Dat	e: 	
	OFFICE US	SE ONLY		
Received Date	Checked		Confirmed receipt	
Entered to DB	Photo Uploaded			
Kaipara card issued (date)	•	EXPIRY		NO. of ID

# NGA MAUNGA WHAKAHII O KAIPARA DEVELOPMENT TRUST | 20/07/2017

# WHANAU SURVEY

This information is used by Ngā Maunga Whakahii o Kaipara Development Trust for our annual planning and setting of targets. Completing this survey will help us in understanding key areas that we can most support whanau in.

	I would e most thir	ngs	Life is	OK		I would	not change anything
2.	In the pas	st 3 months, hav	re you heard about	the services a	vailable through	Whiti Ora o Kaip	ara?
	0	Yes	O No	0	Not sure		
3.			e charitable arm of Notes that the charitable are as you				Trust. Please r
		Housing					
		Education / T	raining/Careers				
		Financial well	lbeing				
		Community (	e.g. accessing gove	rnment & other	er community ag	encies)	
		Health & Well	lbeing				
		Cultural Supp	oort				
		Other					
4.		_ ra o Kaipara wa:	s able to help you w with us, take part ir				what things mi
4.		_ ra o Kaipara wa:					what things mi
4.		ra o Kaipara was ur ability to work					what things mi
4.		ra o Kaipara wasur ability to work					what things mi
4.		ra o Kaipara wasur ability to work  Transport  Cost					what things mi
4.		ra o Kaipara was ar ability to work  Transport  Cost  Childcare	with us, take part in				what things mi
4.		ra o Kaipara was ar ability to work  Transport  Cost  Childcare  Employment	with us, take part in				what things mi
4.		ra o Kaipara was ar ability to work  Transport Cost Childcare Employment I don't have ti I don't need a	with us, take part in				what things mi