



TMT
Te Tuhi Mareikura Trust
229A Maunganui Road
Mt Maunganui 3116
(07) 213 2213
www.tetuhimareikura.org
info@tetuhimareikura.org

*“Encouraging growth of positive self-identity through knowledge and practice of Māori arts”
Ko tāku toi tāku ohooho — Art, my inheritance*

YOUTH REGISTRATION FORM 2022

PERSONAL DETAILS

FIRST NAME(S): _____ LAST NAME: _____

DATE OF BIRTH: _____ AGE: _____

PHONE: _____ EMAIL: _____

PHYSICAL ADDRESS: _____

ETHNICITY (INCL. IWI / HAPU): _____

WHAT ARE YOUR INTERESTS - i.e. Art, Music, Sports, etc? _____

Are you currently still attending school? Yes No

If yes:

NAME OF SCHOOL: _____ CURRENT YEAR: _____

If no:

LAST SCHOOL: _____ YEAR LEVEL WHEN LAST ATTENDED: _____

LAST DATE OF ATTENDANCE: _____

HEALTH HISTORY

Existing Medical Conditions (if any): _____

Current Medications (if any): _____

If any, do any of these conditions and/or medications affect your ability to learn and or attend, and how?

I am currently on a regular medication required during the hours of 9.30am - 3pm Yes No

I smoke / vape Yes No

STUDENT DECLARATION

I, _____ declare that the above details provided are true and correct. I will give my best to the opportunities provided for me for the entire 20 hour per week, for 15 weeks.

I, _____ will not break the law or participate in any behaviour that puts myself or my course peers, tutors or shared space users at any form of risk or disrespects property.

FULL NAME: _____

DATE: _____

SIGNATURE: _____

PARENT / GUARDIAN DETAILS

FIRST NAME(S): _____

LAST NAME: _____

PHONE: _____

EMAIL: _____

In the event of an emergency, please state at least two contacts who may be contacted if you cannot be reached.

CONTACT 1: _____

PHONE: _____

RELATIONSHIP: _____

CONTACT 2: _____

PHONE: _____

RELATIONSHIP: _____

PARENT / GUARDIAN DECLARATION & CONSENT

Toi Ohooho utilizes online media platforms - do you give permission for video/audio, photography images to be used of your child? Yes No

I, _____ declare that the above details provided are true and correct.

I give permission for _____ to attend the Toi Ohooho programme for the duration of the 15 week programme. I give my consent for my child to participate in programmed offsite activities in the immediate Tauranga Moana area and I will be notified when they will occur. I will be notified and provide separate consent for any activities that may require my child to travel outside of Tauranga Moana.

FULL NAME: _____

DATE: _____

SIGNATURE: _____

FURTHER INFORMATION

Te Tuhi Mareikura Trust is committed to offering a high level of education to our youth while they are on this programme. Our operating teachers have a depth of experience in arts education, practice and delivery and all guest tutors are well established artists, educators, knowledge experts and historians.

HEALTH & WELLBEING

We are providing social service and traditional wellbeing services to ensure our youth are uplifted and supported throughout the programme. We ask that parents / caregivers and students disclose any health related information to us in advance, as we will not be liable for any medically / health related injuries / events as a result of non-disclosure that happen during contact hours.

Student safety is of paramount importance to us, induction will include health and safety procedures. Collaboration is an important value of ours, and so the students will write both personal and group agreements, detailing their class values of safety and respect for each other, themselves and their space.

DATES, DAYS AND HOURS

Our programme begins **Monday 2 May 2022** Monday - Thursday 9.30am - 3.00pm for 15 weeks. Based in **Aronui Room** at c/o Te Tuhi Mareikura Trust in Art Body Creative Studio at 229A Maunganui Road, Mount Maunganui

OFFICE HOURS & CONTACT

Monday - Friday 9.00am - 3.30pm. If you have any questions / queries, or concerns, please do not hesitate to book an appointment or come by. Please contact us at info@tetuhimareikura.org or (07) 213 2213.