

Parent/Guardian Details

Name _____

Address _____

Phone (____) _____ Mobile (____) _____

Email _____

Occupation _____

Ethnicity (please tick the one/s that apply to you)

Samoan Maori Chinese Indian Tongan Cook Island NZ European/Pakeha

Other Asian (please state) _____ Other European (please state) _____

Applicant Details (Child's details)

Name _____ School _____ Year _____

Date of birth _____ Gender M F Weight _____ Height _____

Interests/Hobbies _____

Any current health issues? (If so, please state) _____

Currently taking any medication? (If so, please state the medication and the reasons for medication) _____

Others living in Household (Please list all members currently living in your household)

Name	Age	Gender	Relationship to participant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who will attend the compulsory required workshop sessions? (preferably main shopper/cook of the household)

Are there any other health issues in the household? (eg. diabetes, heart disease, high blood pressure, asthma)

*** ALL fields must be completed for application to be considered ***

Applicant to complete (to be completed by the person only who will be attending the course)

Tell us in a few paragraphs why you want to be on this programme:

Parent/Guardian to complete

Tell us in a few paragraphs why your child should take part in our programme and please demonstrate how you plan on supporting your child through the duration of this programme and on going in the future:

Parent/Guardian to sign

I agree that all the information on this application form is true and correct

Name: _____

Signed: _____ Date: _____

***** ALL fields must be completed for application to be considered *****