Please fill in this form and send it to us via email to the address below



## Enrolment Form - Family / Whanau Caregivers

Personal Information:

## More Information







courses@ kiwifamflytrust.org

Full Name:			
Date of Birth:	Name of r	eferral/	organisation:
Home Address:			
Suburb:	City:		Post Code:
Phone Number:	Email:		
Motivation to Attend			
What would you like to g	gain from atte	nding th	ne programme
Please indicate which p	rogramme yo	u are ap	oplying to attend
School Leavers Co	ourse	Parer	nting
Empowering Pos		Mentoring	
Change program	nme		A payment of \$240 pp inc. GST for all services
Self Paying Po	aid by Organis	sation	including 6 subsidised mentoring sessions.
Applicant Signature		D	ate:



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## Form - Family / Whanau Caregivers Referral

Referral Information:

Organisation Name				
Name of referral/Ma	nager			
Organisation physico	al addre	ess:		
Suburb:	City:		Post Coc	le
Phone Number:	E	Email: contact		
Enter (if required) po	stal add	dress for invoice -	if different	

More Information

39 Nursery Rd - Room 3 Phillipstown Christchurch 8011





Bringing Personal Development to your workplace, creating positive and strengthened people with work/life balance. Check out our other workshops, courses and programmes we offer to business and workplaces.



The Journey begins where you are