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



Enrolment Form - Job Seekers

Personal Information:

More Information 39 Nursery Rd - Room 3







courses@ kiwifamflytrust.org

Full Name:					
Date of Birth:	Name of re	eferral/organisation:			
Home Address:					
Suburb:	City:	Post Code:			
Phone Number:	Email:				
Motivation to Attend					
What would you like to go	ain from atten	<mark>ding the</mark> programme			
Please indicate which pro	ogramme you	are applying to attend			
School Leavers Co	ourse	Parenting			
Reconnect - Job s	seek-	Mentoring			
ers programme		A payment of \$240 pp inc. GST for all services			
Self Paying Pa	id by Organisa	including 6 subsidised mentoring sessions.			
Applicant Signature		Date:			



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Enrolment Form- Referral Jobseekers

Referral Information:

Business / Organisation Name

More		
Inforn	nat	ion





courses@
kiwifamflytrust.org

Tachico / Ciganicanici i tanic					
Name of referral/Man	ager	•			
Physical address:					
Suburb:	Ci	ty:	Post Code:		
Phone Number:		Email: contact			
Enter (if required) post	tal a	ddress for invoice -	if different		

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