



Register With Rangitāne o Tamaki nui a Rua

Personal Details

First Name:

Middle Name:

Surname:

Maiden Name:

Other Known Name:

Title:

- Mr
- Mrs
- Miss
- Ms

Gender:

- Male
- Female

Marital Status:

- Single
- Married
- Civil Union
- De Facto
- Seperated
- Divorced
- Widowed

Date of Birth:

Day

Month

Year

Contact Details

Residential Address:

Postal Address (if different from residential):

Town/City:

Town/City:

Postal Code:

Postal Code:

Phone Number:

Mobile Number:



Whakapapa

Your Father's Name:

Grandfather's Name:

Grandmother's Name:

Father's Paternal Grandfather:

Father's Paternal Grandmother:

Father's Maternal Grandfather:

Father's Maternal Grandmother:

Your Mother's Name:

Grandfather's Name:

Grandmother's Name:

Mother's Paternal Grandfather:

Mother's Paternal Grandmother:

Mother's Maternal Grandfather:

Mother's Maternal Grandmother:

Your Child's Name:

Gender:

- Male
 Female

Date of Birth:

Your Child's Name:

Gender:

- Male
 Female

Date of Birth:

Your Child's Name:

Gender:

- Male
 Female

Date of Birth:

Your Child's Name:

Gender:

- Male
 Female

Date of Birth:

Your Child's Name:

Gender:

- Male
 Female

Date of Birth:

Your Child's Name:

Gender:

- Male
 Female

Date of Birth:



Whakapapa Continued

Hapu:

- Ngati Hamua
- Ngati Marau
- Ngati Matetapu
- Ngati Mutuahi
- Ngati Opekai
- Ngati Pakapaka
- Ngati Parakiore
- Ngati Rangitotohu
- Nga Ruahuihui
- Ngati Ruatotara
- Ngati Te Koro
- Ngati Te Rangiwhakaewa
- Ngati Whakawehi
- Te Hika o Papauma
- Te Kapuarangi
- Other (please state):

Marae:

- Makirikiri
- Kaitoki
- Tahoraiti
- Whiti-Te-Rā (Poherau)
- Te Aroha (Owahanga)
- Papauma (Owahanga)
- Pahiatua
- Te Ahu a Turanga (Woodville)
- Rakautatahi
- Te Tapairu

Takiwa:

Language

Maori Language Ability:

- Maori is my first language
- I am currently learning Te Reo via a structured programme
- I am a fluent speaker of te reo Maori
- I can mihi and introduce myself in te reo Maori
- I do not speak te reo Maori but would like to learn

Understanding of Rangitane Tikanga and Kawa (Practices and Protocols):

- None
- Very knowledgeable
- Have some knowledge
- No knowledge but would like to learn

In which language(s) could you have a conversation about everyday things?

Select more than one option if applicable:

- English
- Maori
- Samoan
- New Zealand Sign Language
- Other Languages (please list):



Country of Birth

Which country were you born in?:

In which country were you predominately raised?:

Education

Education Attainment (Select all applicable options):

- Primary School
- Secondary School
- School Certificate
- NCEA 1,2,3
- University Entrance
- Bursary / Scholarship
- Trade / Industry Qualification
- Bachelor Degree
- Post Graduate Degree
- Other (please state):

Living Situation

Who currently lives in the same household as you? (Select all applicable options):

- My legal husband or wife
- My opposite-sex legally registered civil-union partner
- My same-sex legally registered civil-union partner
- My opposite-sex partner or de facto boyfriend or girlfriend
- My same-sex partner or de facto boyfriend or girlfriend
- My mother and/or father
- My son(s) and/or daughter(s)
- My brother(s) and/or sister(s)
- My flatmate(s)
- Other (please list):



Health

Health Status:

- I keep good health
- I suffer from one of the following health issues

Select all applicable options:

- High blood pressure
- Diabetes
- Heart disease
- Asthma
- Overweight
- Mental illness
- Other

Does a health problem or a condition you have (lasting six months or more) cause you difficulty with, or stop you from:

Select all applicable options:

- Seeing, even when wearing glasses or contact lenses
- Hearing, even when using a hearing aid
- Walking, lifting or bending
- Using your hands to hold, grasp or use objects
- Learning, concentrating or remembering
- Communication, mixing with others or socialising
- No difficulty with any of these

Do you have a disability (lasting six months or more) that stops you from doing everyday things that other people can do?:

- Yes
- No

How many babies have you given birth to?:

Smoker?:

- Yes
- No



Income

What ways have you received income in the last twelve months:

Select all applicable options:

- Wages, salary, commissions
- Self employment in business I own and work in
- Interest, dividends, rent, other investments
- Regular payments from ACC or a private work accident insurer
- New Zealand Superannuation or Veterans Pension
- Unemployment Benefit
- Sickness Benefit
- Domestic Purposes Benefit
- Invalid's Benefit
- Student Allowance
- Other Government Benefits
- Income support payments, war pensions or paid parental leave
- Other sources of income
- No source of income

What was your total income in the last twelve months? (Total gross income before tax or other deductions):

- None
- \$0 - \$10,000
- \$10,000 - \$20,000
- \$20,000 - \$30,000
- \$30,000 - \$40,000
- \$40,000 - \$50,000
- \$50,000 - \$70,000
- \$70,000 - \$100,000
- Over \$100,000

Confirmation

I certify that all information provided in this registration form is true and accurate:

Name:

Date:

Signature: