Kokiri Marae Health & Social Services

Me Ngakau Mohio ki te Riri Understanding Anger & Anger Management

Registration and Enrolment Form

The information contained in this form is kept confidential and will be stored in a safe and secure place. Access to this information is strictly limited to programme facilitator(s) and relevant staff.

Name:		Phone:		
	ss:	Cell:		
/		Date of Birth	:	
Iwi:				
	Is it safe for us to contact you at home?	☐ Yes	□No	
	Is it safe to contact you by mail?	☐ Yes	□No	
If nor	ne of the above, is there anyone else we can cont	act?		
	Name:	Phone	2:	
••••••	Address:			
	Will you require transport?	☐ Yes	□No	
	Will you require childcare?	☐ Yes	□No	
	How many children will be attending with you?			Age(s):
	Do the child/ren have a car seat/s?	□Yes	□No	

Do you have a current Protection Order?	☐Yes	□No					
Are you currently receiving any other services fro Services? Please list below:	m Kokiri Mara	e Hauora & Socio	ıl				
Thank-you for taking the time to fill in the form, and wish to extend a very warm welcome to you all							
OFFICE USE ONLY:							
Date of enrolment://	Date exit	red:					