



## REGISTRATION OF INTEREST

### MANA WAHINE TRAINING PROGRAMME

Please provide the following information

Name of Maori Health Provider/employer:

Name of educator/s:

Contact Phone Number:

Email Address:

Have you undertaken any previous breast, cervical screening or sexual & reproductive health training? YES/NO  
If yes please describe

Please post/email or fax this page to:

Sexual & Reproductive Health Services Co-ordinator  
Kokiri Marae Health & Social services  
7-9 Barnes Street  
Seaview  
LOWER HUTT

Email: [jeannine@kokiri-hauora.org.nz](mailto:jeannine@kokiri-hauora.org.nz)

Fax to: (04) 939 4640

Attention: Sexual & Reproductive Health Services Co-ordinator