

WEST COAST DHB MĀORI HEALTH RANGATAHI WORK PLACEMENT PROGRAMME STUDENT REGISTRATION FORM

Name: _____ Year Level: _____

Address: _____

School: _____

Home Phone: _____ Mobile: _____

Iwi 1: _____ Iwi 2: _____

Email: _____

Are you registered with Kia Ora Hauora? Yes No

Key contact person who can be contacted throughout the day:

Name: _____

Work Phone: _____ Mobile: _____

Doctor: _____ Telephone: _____

Any relevant medical conditions that Mokowhiti Ltd should know about:

Areas of Health sector the student is interested in: _____