

# GEAR LIST

|                    |                                   |
|--------------------|-----------------------------------|
| 1 Sleeping Bag     | Warm Clothes                      |
| 1 Pillow           | Swimming Togs                     |
| 2 Towels           | Jacket                            |
| 1 Dinner plate     | Toiletries                        |
| 1 Pudding bowl     | Running Shoes                     |
| Knife, Fork, Spoon | Tent*                             |
| Hat                | <b>NO CELL PHONES RECOMMENDED</b> |

**\* MUST bring your own tent**

Te Taitimu Trust has organised accommodation, event activities, event transport and food

Can whānau please KOHA HOMEMADE BAKING for 2 nights

*"We will turn the tide by motivating Rangatahi to become Rangatira."*

## CONTACTS

Email: [admin@tetaitimustrust.org.nz](mailto:admin@tetaitimustrust.org.nz) or  
[zack@tetaitimustrust.org.nz](mailto:zack@tetaitimustrust.org.nz)

Mobile: Michelle Mataira - 021 142 3410  
Zack Makoare - 027 495 0009



**TE TAITIMU TRUST**  
TURNING THE TIDE



## ADULT REGISTRATION FORM

# BIG CAMP 2017

8 -13 January | Te Aute College

Start 8th Jan: Pōwhiri 6.30pm  
Caregivers please ensure tamariki have tea before attending

Finish 13th Jan: 12pm  
Pick up tamariki



TE RAU MATATINI



Lottery Grants Board  
FUNDS FOR YOUR COMMUNITY



New Zealand  
**POLICE**  
Nga Pirihimana O Aotearoa



JR MCKENZIE TRUST  
ESTABLISHED IN 1940

## Adult Registration Form

ADULT Attendee Name:

Payer Full Account Name and Name(s) of child/children attending:

Address:

Important:

Under the Vulnerable Children Act (VCA), **Adult volunteers** will be required to complete a safety check, including a Police vet. Please fill out the Vetting Request and consent form attached.

*"Tiakina ngā tamariki"*

D.O.B:

**PLEASE NOTE: There is no fee for adult attendees, however, adults will need to volunteer in one of the following areas:**

- Kitchen (Day) - 5am to 1pm
- Kitchen (Night) - 1pm to 9pm
- Mentor ~12hrs - Working with one of the groups
- Logistics 24/7 - Set up & pack down of camp

AGE: \_\_\_\_\_

GENDER: (circle one)

**M or F**

**Contact Person Name (in case of emergency)**

Address (if different from above):

**CONTACT PHONE NUMBERS**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address:

**ALLERGIES/ILLNESSES:**

Medical Centre Name

Doctors Name:

Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Payment Details

Due to high demand, please pay \$25 to secure your child/children's registration by 31 October 2016.

**Completed registration forms and full payment must be made by 30 November 2016**, to the following account referencing your child's name:

Bank of New Zealand, Hastings

02 -0766-0130378-00

### Acknowledgement of Risk

I have read the itinerary and understand that there are risks associated with the involvement in events and that these risks cannot be completely eliminated. I understand that the Trust will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards. I understand my child has been involved in the development of safety procedures.

I know that I am able to ask any questions of the Trust about the activities I/my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice'\* procedure. My child and I both understand that I/they may withdraw from any activity if I/they feel at risk. This must be done in consultation with the person in charge.

I also agree to the use of photos/video containing myself/my child for publicity purposes without any remuneration.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* 'challenge by choice' means the participant chooses their own level of challenge within a supportive peer environment.



**Vetting Service**  
Request and Consent Form

NZPVS-CS - 09/15

Name of Approved Agency submitting vetting request:

**Section 2:** **Applicant to complete and return to Approved Agency**  
(the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)

**PERSONAL INFORMATION**

Details (note: the name you are most commonly known by is your primary name)

|   |  |                                 |                      |                      |
|---|--|---------------------------------|----------------------|----------------------|
| *Family name:<br>(Primary)  | <input type="text"/>   | First name(s):<br>(Primary)     | <input type="text"/> | <input type="text"/> |
| *Gender:  | (M) <input type="checkbox"/> (F) <input type="checkbox"/> (Other) <input type="checkbox"/> | *Date of birth:<br>(dd/mm/yyyy) | <input type="text"/> |                      |
| *Place of birth:<br>(town/city/state)   | <input type="text"/>   | *Place of birth:<br>(country)   | <input type="text"/> |                      |
| NZ Driver Licence number:<br>(*where held - for ID verification by NZ Police) | <input type="text"/>   |                                 |                      |                      |

If applicable, please include other names and mark them A, M, or P as appropriate:

- (A) alias or alternate name(s)
- (M) married name if not primary name
- (P) previous/maiden/name changed by deed poll or statutory declaration

|  |                      |  |                      |                      |
|--|----------------------|--|----------------------|----------------------|
| Family name:<br>(A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/> | <input type="text"/> | First name(s):<br>(A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Family name:<br>(A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/> | <input type="text"/> | First name(s):<br>(A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Family name:<br>(A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/> | <input type="text"/> | First name(s):<br>(A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Family name:<br>(A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/> | <input type="text"/> | First name(s):<br>(A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

Permanent New Zealand Residential Address

|                                |                      |                          |                      |
|--------------------------------|----------------------|--------------------------|----------------------|
| *Number/Street:                | <input type="text"/> |                          |                      |
| Suburb:                        | <input type="text"/> | Post Code:               | <input type="text"/> |
| *City/Town/<br>Rural District: | <input type="text"/> | *Period of<br>Residence: | <input type="text"/> |

\*Denotes a mandatory field



**Vetting Service**  
Request and Consent Form

NZPVS-CS - 09/15

**Section 2:** **Applicant to complete and return to Approved Agency**  
continued (the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)

**CONSENT TO DISCLOSURE (for a New Zealand Police Vet)**

- for further information, see <http://www.police.govt.nz/advice/businesses-and-organisations/vetting>

I acknowledge and understand as follows:

- The information about me that NZ Police may consider relevant to my application and release in vetting comprises any conviction history and, for certain agencies, infringement/demerit reports; and it may include any other information such as active charges and warrants to arrest, any information received or obtained by NZ Police, and any interaction I have had with NZ Police in any context (including family violence), even where I have not been charged, or charges are withdrawn, or I have been acquitted (not guilty) of a charge, or I have been discharged without conviction.
- Any conviction history will be released in accordance with the Criminal Records (Clean Slate) Act 2004; this means that, if I am 'eligible' for clean slate (e.g. no convictions for 7 years, never been to prison, no convictions for specified sexual offending, etc – see section 7 of the Act):
  - my criminal record of convictions will not be disclosed; but
  - if the role for which I have applied is an exception to the clean slate scheme (e.g. predominantly involving care and protection of a child or young person), my criminal record of convictions will be disclosed.
- Where relevant information is subject to statutory or Court-ordered name suppression or prohibitions on disclosure, or other constraints on disclosure such as expectations of confidentiality or the protection of active criminal investigations or the safety of individuals, NZ Police may issue an alternative vetting result stating the existence of relevant non-disclosable information, without details.
- Where new information is obtained by NZ Police after the completion of my Police vet, NZ Police may disclose this information to the Approved Agency, and where appropriate to the Vulnerable Children Act Exemptions Administrator, if the information is considered relevant to the purpose of the Police vet.
- The personal information I provide in this form is being collected for vetting purposes, and may also be used for the purpose of updating NZ Police records.
- I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency who will immediately notify NZ Police to cease the vetting process (any fee remains payable by the Approved Agency).
- I am entitled to access the vetting result released to the Approved Agency and seek correction of Police information about me in accordance with the Privacy Act 1993 by making a request to the 'Approved Agency' in the first instance.
- No later than twelve months after the release of the vetting result, the Approved Agency will securely dispose of this consent form and copies of identification documents, as well as the vetting result released by NZ Police, unless a longer retention period is required by legislation applying to the Approved Agency.
- The information I have provided in this form relates to me and is correct.

**Applicant's Authorisation:**

- I have read and understood the information above
- I authorise NZ Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability.

Signed in electronic form:  OR Signature:

Date: