



## Maungaharuru-Tangitū Trust Hapū Register - Membership Enrolment Form

The purpose of the Hapū Register is for the Trust to be able to communicate with and engage our whānau. Also, to understand our Hapū demographics - where we live, our age groups, and our skills. This information will help the Trust to serve our Hapū better.

We invite all those who whakapapa to our Hapū to register with the Maungaharuru-Tangitū Trust. To be eligible to register, you must whakapapa to (be a descendant by birth of) one or more of the following tīpuna (ancestors). Please tick the Hapū that you belong to (one or more).

Tīpuna	Hapū	Your Hapū
Tataramoa	Ngāti Kurumōkihi (Ngāi Tatara)	<input type="radio"/>
Tukapua I	Marangatūhetaua (Ngāti Tū)	<input type="radio"/>
Te Ruruku (through Hemi Puna and Taraipene Tuaitu)	Ngāi Te Ruruku ki Tangoio	<input type="radio"/>
Whakaari	Ngāti Whakaari	<input type="radio"/>
Tauira and Mateawha	Ngāi Tauira	<input type="radio"/>
Tahumatua II (and one of the tīpuna above)	Ngāi Tahu	<input type="radio"/>

### Personal Details

Full Name:			
Maiden Name (if applicable):			
Other names you are known by (including nicknames):			
Date of Birth:	<input type="text"/>	<input type="radio"/> Tāne - Male	<input type="radio"/> Wahine - Female

### Contact Details

Phone - Home:	<input type="text"/>
Phone - Mobile:	<input type="text"/>
Phone - Work:	<input type="text"/>
Email Address:*	<input type="text"/>

\* it is important that you provide your email address as the Trust is moving to electronic-only voting. It is optional for you to receive email pānui or not.

# Whakapapa

Please fill in the boxes below with as much relevant whakapapa as you can. Please also include maiden names where possible.

Your Name

  

Father's Name & Date of Birth

  

Mother's Name & Date of Birth

Paternal Grandfather:

Paternal Grandmother:

Maternal Grandfather:

Maternal Grandmother:

Paternal Great Grandfather:

Paternal Great Grandmother:

Paternal Great Grandfather:

Paternal Great Grandmother:

Maternal Great Grandfather:

Maternal Great Grandmother:

Maternal Great Grandfather:

Maternal Great Grandmother:

## Address

Home Address:

Postcode:	

Postal Address (If different from home address):

Postcode:	

## Work & Education

Current Occupation:	
<i>(of course parenting, job-seeking and retirement are occupations too!)</i>	
Current Workplace:	
Work Experience:	

Qualification Category (Please select the category of your highest qualification):	
<input type="radio"/> 5th Form Cert / NCEA Level 1	<input type="radio"/> Trade
<input type="radio"/> 6th Form Cert / NCEA Level 2	<input type="radio"/> Degree
<input type="radio"/> 7th Form Bursary / NCEA Level 3	<input type="radio"/> Postgraduate
<input type="radio"/> Certificate	<input type="radio"/> Masters
<input type="radio"/> Diploma	<input type="radio"/> PhD

Qualification Details (including school-leaving, tertiary and trade qualifications):

## Skills

Please tick all the boxes that apply to you

<input type="checkbox"/> Arts	<input type="checkbox"/> Finance	<input type="checkbox"/> Manufacturing, Mining, Transport
<input type="checkbox"/> Customer Service & Administration	<input type="checkbox"/> Health	<input type="checkbox"/> Retail & Sales
<input type="checkbox"/> Culture & Spiritual	<input type="checkbox"/> Hospitality & Tourism	<input type="checkbox"/> Science & Technology
<input type="checkbox"/> Defence	<input type="checkbox"/> IT	<input type="checkbox"/> Social Services
<input type="checkbox"/> Education	<input type="checkbox"/> Law	<input type="checkbox"/> Sport & Recreation
<input type="checkbox"/> Environment	<input type="checkbox"/> Media & Communications	<input type="checkbox"/> Trades & Services
<input type="checkbox"/> Farming, Fishing, Forestry	<input type="checkbox"/> Management & Consulting	<input type="checkbox"/> Other

Other Skills / Talents:	
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Would you allow us to contact you if we need your skills sometime in the future?	<input type="radio"/> Āe - Yes	<input type="radio"/> Kāo - No
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## Te Reo Māori

How well are you able to speak Te Reo Māori in day to day conversation?

<input type="radio"/> Very well - I can talk about almost anything in Māori
<input type="radio"/> Well - I can talk about many things in Māori
<input type="radio"/> Fairly well - I can talk about some things in Māori
<input type="radio"/> Not very well - I can only talk about simple/basic things in Māori
<input type="radio"/> No more than a few words or phrases
<input type="radio"/> Don't know

## Referral

How did you hear about Maungaharuru-Tangitū Trust (e.g. website, Facebook, whānau, newspaper etc.)?

## Pānui

I would like to receive email pānui updates  
(you can unsubscribe from email pānui at any time)

 Āe - Yes  Kāo - No

## Declaration

I hereby declare that the information in this application is true and correct.

Signature:	Date:
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## Additional Information

You have the right to access and correct the information you provide.  
We will contact you to let you know the results of your application.

Noho ora mai,  
Nā Maungaharuru-Tangitū Trust.

**Please return completed applications to:**

**Maungaharuru-Tangitū Trust** 1st Floor, 15 Hardinge Road, Ahuriri, Napier 4110  
PO Box 3376, Hawkes Bay Mail Centre, Napier 4142  
0800 TANGOIO / 06 835 3300 • info@tangoio.maori.nz • [www.tangoio.maori.nz](http://www.tangoio.maori.nz)

<b>Office Use Only</b>	
Date received:	Date validated:
Membership Registration Number:	Validated by:

## Your Tamariki, Mokopuna and other Whānau

Please include details of your children and grandchildren below. It would also be helpful to have details of your other whānau members (parents, brothers and sisters). We can then contact them to see if they would like to register also. Please use additional paper if you need to.

Full Name:	Date of Birth:	Gender		Father:	Mother:	Address:	Contact Number:	Email Address:
		M	F					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
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