

Te Ara Whakatipu

Please scan your completed form to Rachael.Forsyth@ngaitahu.iwi.nz



1. RAKATAHI : Details

Full name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of birth	/ /	Age	
Name of School			
Year at school	<input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 12 <input type="checkbox"/> Yr 13		
Postal address			
Home phone		Work	
Mobile phone		Fax	
Email address(s)			
Favourite Subjects			
Interests & Hobbies			
Career Aspirations			
Kāi Tahu Rūnaka affiliations NB: You must be registered with Kāi Tahu to do Te Ara Whakatipu	<input type="checkbox"/> Arowhenua <input type="checkbox"/> Kaikōura <input type="checkbox"/> Makaawhio <input type="checkbox"/> Ōraka Aparima <input type="checkbox"/> Ngāti Waewae <input type="checkbox"/> Waihao	<input type="checkbox"/> Awarua <input type="checkbox"/> Kāti Huirapa ki Puketeraki <input type="checkbox"/> Moeraki <input type="checkbox"/> Ōtākou <input type="checkbox"/> Ngāti Wheke <input type="checkbox"/> Waihōpai	<input type="checkbox"/> Hokonui <input type="checkbox"/> Koukourārata <input type="checkbox"/> Ōnuku <input type="checkbox"/> Ngāi Tūāhuriri <input type="checkbox"/> Te Taumutu <input type="checkbox"/> Wairewa

2. RAKATAHI: Personal History

To help us plan your course - rate your knowledge in the following areas ...

	Excellent	Very good	Reasonable	Limited	No knowledge
Reciting your pepeha/mihi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tikaka/Kawa customs/protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waka Ama canoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kapa haka performing arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Te Reo language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are two things you'd like to learn/do/achieve during your seven day Te Ara Whakatipu hīkoi?

3. WHANAUKA TATA : Next of kin & emergency contact details

Parent/Caregiver Name

Full name

Postal address

Home phone

Work

Mobile phone

Fax

Email

Alternative email

Emergency Contact 2

Full name

Postal address

Home phone

Work

Mobile phone

Fax

Email

Alternative email

4. TE HAERENGA KI MANAPŌURI : Travelling to the hīkoi start point

The hīkoi begins on Sunday 29th April, 6pm, at Te Kōawa Tūroa o Takitimu. Rakatahi/whānau must be able to (a) organise transport to the hīkoi start point, near Manapōuri, or (b) contribute \$100 per person towards the minivan which will be driving Ōtautahi to Manapōuri return. Please indicate your preferred option

I/we will make our own way to the hīkoi start point (Manapōuri). **The name and contact number for the driver is:**

A seat in the minivan is the preferred option. We understand that a contribution is required in advance (to cover the cost of the minivan and gas), and we also understand that the van departs 15 Show Place, Addington, Christchurch, at 7.45am on Sunday

5. WHĀNAU KŌRERO : Phone interview with rakatahi & whānau

We korero with each rakatahi before the hīkoi, for a pre-hīkoi phone interview and some questions about medical history (and safety). This call will take 25minutes. **Please select a time/day that is suitable for the rakatahi and parent/guardian.**

	3-4pm	4-5pm	5-5.30pm	5.30-6pm
Tuesday 20 th March	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday 21 st March	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday 22 nd March	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday 27 th March	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Or please write an alternative date/time (if none of the above suit the whānau)

6. WHĀNAU : Hauora, Dietary & Medical Information

Does your son/daughter have any dietary requirements? If so, please tick

- N/A Gluten free Dairy free Vegan
 Vegetarian exclusive Other food allergies/intolerances – please specify:

Does your son/daughter suffer from any of the following? If so, please tick

- Blackouts/Migraine/Dizzy spells Asthma ADD/ADHD, Asperger or Dyspraxia
 Allergy to Bees or Wasps Diabetes or Epilepsy Joint issues, including back issues
 Car or Sea Sickness Depression or Anxiety Sleep walking
 Fear of heights Bi-polar, Schizophrenia, eating disorder Heart condition
 Or any other condition or issue which may be relevant to your child's participation in the programme (please give details)

If you ticked above, please give more information here, including: the date of the most recent diagnosis/attack/incident and the medication administered:

Does your son/daughter currently take any medication?

- Yes No If yes, please specify the medication and outline if they do/do not administer the medication themselves:

In the last two years, has your son/daughter been knocked unconscious, had a serious illness or major operation?

- Yes No If yes, please specify:

Is your son/daughter allergic to anything?

- Yes No If yes, please specify:

Has your son/daughter been in any trouble with the police?

- Yes No If yes, please specify:

7. CONSENT TO ATTEND TE ARA WHAKATIPU

The itinerary for Te Ara Whakatipu will require participation in:

Mahi (service) & Rika wera rika kaha (kitchen work)

Te reo me ōna tikaka (language and culture)

Respectfully listening to tribal leaders, te hau kāika, the tuākana group who support the hīkoi, manuhiri/guests, and other rakatahi

Various Jet Boat excursions with a commercial operator

Te Haerenga: A supervised 21km hike (**42 km hike total + walks**) through the elements of Te Waipounamu, crossing forests, ledges, large hills, bridges, creeks, coastal landscapes, plus other walking.

Optional Swimming on a remote coastline or river swimming (supervised, weather permitting)

Exploration of their Ngāi Tahutanga and open discussions

Mahika kai (food gathering)

7. KĀ MŌREAREA ME TE WHAKAAETAKA / GUARDIAN PERMISSION FORM / ACKNOWLEDGEMENT OF RISK

Health and Safety is managed by **The Hollyford Track Limited and Te Rūnanga o Ngāi Tahu**. The programme management actively look to manage all health and safety aspects of the programme and will endeavour to identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards where possible but there will still be inherent risks.

I understand that there are inherent risks associated with participation in certain activities on the Te Ara Whakatipu programme (including those stated above) and that these risks cannot be completely eliminated. **I understand that the Te Ara Whakatipu programme does not accept responsibility for loss or damage to person or personal property.**

I give consent for my son/daughter/rakatahi, _____ to go on **Te Ara Whakatipu** and I have received sufficient information on which to base this decision. If there are any uncertainties I know that I can email donelle.manihera@ngaitahu.iwi.nz for further clarification. I agree for my son/daughter/rakatahi to participate in such activities and also duties that may be required by staff.

I have read the accompanying information and am satisfied that my son/daughter/rakatahi will comply. If medical assistance is required I authorise such action to be taken as thought necessary by staff. I understand that if my son/daughter/rakatahi is sent home due to misbehaviour I will be required to meet the costs of the transport involved. I also give permission for photos of my son/daughter/rakatahi to be used for presentational and promotional purposes.

Signature _____ Date _____
Parent/Guardian

8. KĪ TAURAKI / RAKATAHI DECLARATION

I agree to comply with the kaupapa of Manawa Hou and in particular I will follow all instructions and act with common sense, safety and consideration for others. I meet the criteria specified

Signature _____ Date _____
Rakatahi

Application Forms are due BEFORE 4pm, Saturday 17th March 2018

Please scan your completed form to rachael.forsyth@ngaitahu.iwi.nz



Te Rūnanga o Ngāi Tahu