



Registration Form

Family Name		First Name(s)	
Address			
Email Address			
Mobile		Date of Birth	
Circle Your Ethnicities	Samoan Niuean Tongan NZ Māori Fijian Tokelauan Tuvaluan Cook Island NZ European Other _____		

Consent and Confidentiality

I _____ (full name) agree to register with the Marlborough Pacific Trust. By completing this form, we agree for information to be collected for reporting and research with our funders. We understand that the information we provide will be kept confidential and that the Marlborough Pacific Trust will do their best to ensure that information is not compromised or used for purposes not specified as per the Privacy Act 2020. You we are able to request any information held by Marlborough Pacific Trust under the Information Act 1982 by request in writing to the General Manager of Marlborough Pacific Trust. You understand that we are able to withdraw from the programmes at any time, for any reason.

Signed by member: _____ Date: ___ / ___ / _____

OFFICE USE ONLY

Family ID		Navigator ID	
Family Name		Navigator Name	
Date		Navigator Signature	

