

# Te Ara Whakatipu

Please scan your completed form to [TAWHikoi@gmail.com](mailto:TAWHikoi@gmail.com)

## 1. RAKATAHI | Details

Full name

Gender  Male  Female Date of birth       Weight in kgs

Name of School

Year at school  Yr 11  Yr 12  Yr 13

Postal address

Home phone  Work phone

Mobile phone  Fax

Email address(s)

Favourite Subjects

Interests & Hobbies

Career Aspirations

Do you know anyone who has been on a previous TAWH?

Kāi Tahu Rūnaka affiliations	Arowhenua	Awarua	Hokonui
NB: You must be registered with Kāi Tahu to do Te Ara Whakatipu	Kaikōura	Kāti Huirapa ki Puketeraki	Koukourārata
	Makaawhio	Moeraki	Ōnuku
	Ōraka Aparima	Ōtākou	Ngāi Tūāhuriri
	Ngāti Waewae	Ngāti Wheke	Te Taumutu
	Waihao	Waihōpai	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"/>
Swimming	<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?

Application Forms are due BEFORE, 4pm 11th August

# Te Ara Whakatipu

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## 3. WHĀNAUKA TATA | Next of kin & emergency contact details

Parent/Caregiver Name

Full name

Postal address

Home phone  Work phone

Mobile phone  Fax

Email  Alternative email

Emergency Contact 2

Full name

Postal address

Home phone  Work phone

Mobile phone  Fax

Email  Alternative email

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

Hīkoi transport will be provided from Hokitika and potentially Ōtautahi (Christchurch) depending on numbers. The cost of getting your rakatahi to and from Hokitika or Christchurch will be up to each whānau. However, there is limited financial assistance available via the Rūnaka so please let us know if you require support.

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## 5. WHĀNAU KŌRERO | Phone interview with rakatahi & whānau

We kōrero with each rakatahi before the hīkoi, for a pre-hīkoi phone interview and some questions about medical history (and safety). This call will take 25 minutes, but we will keep in touch to secure a good time.

**Kahurangi will get in contact with you via email or text to secure a time for you and your care giver to go over the program.**

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## 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     Allergy to Bees or Wasps  
 Car or Sea Sickness     Fear of heights  
 Asthma     Heart condition  
 Diabetes or Epilepsy     Depression or Anxiety  
 Bi-polar, Schizophrenia, eating disorder  
ADD/ADHD, Asperger or Dyspraxia     Joint issues, including back issues  
 Sleep walking

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?

## 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
- Helicopter flights

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## 7. KĀ MŌREAREA ME TE WHAKAAETAKA | guardian permission form / acknowledgement of risk Information

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

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 [TAWHikoi@gmail.com](mailto:TAWHikoi@gmail.com) 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

## 7. 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