

HAPŪ WĀNANGA

Māori pregnancy, child birth and parenting programme

REGISTRATION FORM

All enquiries to Felicity Ph. 022 014 1804

Send completed form: felicity.spencer@nmdhb.govt.nz

MOTHERS CONTACT DETAILS:

FIRST NAME: _____ SURNAME: _____

D.O.B: _____

ETHNICITY: NZ Māori _____ (iwi/hapū)
 Pacific NZ European
 Other: _____

WHĀNAU ADDRESS: _____ TOWN _____

CONTACT PHONE: Hm: _____ Cell: _____

HEALTH INFORMATION:

NHI: _____ GP: _____ LMC: _____

Estimated Date of Delivery (EDD): _____

Parity (# of pregnancies >20weeks) _____

Maternal consent obtained for registration: yes no

Transport required to/from Hapū Wānanga: yes no

Other relevant information (support networks, general health and wellbeing)

REFERRERS DETAILS:

Contact Name: _____

Organisation/ Role: _____

Email: _____ Phone: _____ Date: _____

Please Note: This form is a registration of interest. Te Waka Hauora will contact referrer & whānau to confirm your attendance. Places are limited, Te Waka Hauora may have to prioritise whānau further along in pregnancy or as individual circumstance requires. Thanks for your support, Ngā mihi.

Hapū Wānanga Date:

Confirmed: yes no

Dietary requirements:

Transport:

