



Iwi Registration Form

Please return completed form to:
Ngāti Paoa Iwi Trust, PO Box 72 - 702, Papakura, Auckland 224
New Zealand Email: admin@ngatipaoaiwi.co.nz

To register you must be:

- a descendant of Paoa by birth;
- or by Whāngai
- and be able to affiliate to one of the Ngāti Paoa Hapu and Marae as listed within this document

What is the purpose of registering?

- To be notified of important issues, events and decisions affecting Ngāti Paoa
- To obtain eligibility to vote in Ngāti Paoa elections (for those over the age of 18)
- To obtain benefits entitled to members of Ngāti Paoa
- To build a comprehensive database to strengthen the links of Ngāti Paoa descendants

Personal Details					
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other _____
First Names:					
Last Names:					
Alias / Nickname:					
Maiden Name:					
Date of Birth:	__/__/____	Gender:	<input type="checkbox"/> Tāne	<input type="checkbox"/> Wāhine	
Whāngai:	<input type="checkbox"/> Please tick if you are Whāngai				
Partner's Name:					

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Contact Details			
Email:		Mobile:	
Home Phone:		Work:	
Street Address:			
Suburb:		City:	
Country:		Postcode:	
Postal Address <i>(If different from home address)</i>			
Street Address:			
Suburb:		City:	
Country:		Postcode:	

Work & Education	
Current Occupation:	
Work Experience:	
Education Description: (Please specify)	<input type="checkbox"/> 5 th Form Certificate – NCEA Level 1 <input type="checkbox"/> 6 th Form Certificate – NCEA Level 2 <input type="checkbox"/> 7 th Form Certificate – NCEA Level 3 <input type="checkbox"/> Certificate: _____ <input type="checkbox"/> Diploma: _____ <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Post Grad: _____ <input type="checkbox"/> PHD: _____ <input type="checkbox"/> Masters _____ <input type="checkbox"/> Trade _____

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Te Reo Level: <input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Fluent		
Skills & Expertise:	<input type="checkbox"/> Arts <input type="checkbox"/> Customer Service & Administration <input type="checkbox"/> Culture & Spiritual <input type="checkbox"/> Defence <input type="checkbox"/> Education <input type="checkbox"/> Environment <input type="checkbox"/> Farming, Fishing, Forestry <input type="checkbox"/> Finance <input type="checkbox"/> Health <input type="checkbox"/> Hospitality & Tourism <input type="checkbox"/> Information Technology	<input type="checkbox"/> Law <input type="checkbox"/> Media & Communications <input type="checkbox"/> Management & Consulting <input type="checkbox"/> Manufacturing, Mining, Transport <input type="checkbox"/> Retail & Sales <input type="checkbox"/> Science & Technology <input type="checkbox"/> Social Services <input type="checkbox"/> Sport & Recreation <input type="checkbox"/> Trade & Services <input type="checkbox"/> Other: _____

Home Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> Renting <input type="checkbox"/> Whanau Owned <input type="checkbox"/> Other <input type="checkbox"/> No			
Tamariki			
First Names	Last Name	DOB	Tama/ Kotiro
		__ / __ / __	Tama/ Kotiro
		__ / __ / __	Tama/ Kotiro
		__ / __ / __	Tama/ Kotiro
		__ / __ / __	Tama/ Kotiro
		__ / __ / __	Tama/ Kotiro

(For children over the age of 18 please have them complete a separate form)

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Hapu Affiliations (Please tick those that apply)

<input type="checkbox"/> Matekiwaho	<input type="checkbox"/> Ngāti Omakau	<input type="checkbox"/> Ngāti Te Hiko
<input type="checkbox"/> Ngamuri	<input type="checkbox"/> Ngāti Parengaherehere	<input type="checkbox"/> Ngāti Tipa
<input type="checkbox"/> Ngāti Horowhenua	<input type="checkbox"/> Ngāti Rapu	<input type="checkbox"/> Ngāti Tuwhanga
<input type="checkbox"/> Ngāti Huia	<input type="checkbox"/> Ngāti Raukura	<input type="checkbox"/> Ngāti Wharetoi
<input type="checkbox"/> Ngāti Hura	<input type="checkbox"/> Ngāti Rauwhea/ Rauhea	<input type="checkbox"/> Ngāti Whata
<input type="checkbox"/> Ngāti Huruhuru	<input type="checkbox"/> Ngāti Ringatahu	<input type="checkbox"/> Te Hingawaka
<input type="checkbox"/> Ngāti Kapu	<input type="checkbox"/> Ngāti Rurangi	<input type="checkbox"/> Te Mate Tokeroa
<input type="checkbox"/> Ngāti Kauahi	<input type="checkbox"/> Ngāti Taharoku	<input type="checkbox"/> Te Rapupo
<input type="checkbox"/> Ngāti Kohua	<input type="checkbox"/> Ngāti Tahuna	<input type="checkbox"/> Te Rerekau
<input type="checkbox"/> Ngāti Koura	<input type="checkbox"/> Ngāti Tarao	<input type="checkbox"/> Te Uri Karaka
<input type="checkbox"/> Ngāti Mahia	<input type="checkbox"/> Ngāti Te Aho	<input type="checkbox"/> Te Uri o Haupa
<input type="checkbox"/> Ngāti Ngamuri	<input type="checkbox"/> Ngāti Te Aute	<input type="checkbox"/> Waihina
<input type="checkbox"/> Other: _____		

Marae Affiliations (Please tick those that apply)

<input type="checkbox"/> Rangimarie (Makomako)	<input type="checkbox"/> Raungaunu (Waiti)	<input type="checkbox"/> Wharekawa (Whakatiwai)
<input type="checkbox"/> Other (Please specify) _____		

Please provide details of Ngāti Paoa Whakapapa on the next page

PRIVACY & CONFIDENTIALITY

I declare that the information I have provided, is to my knowledge, true and correct. I understand that the information gathered in this form will be used for Iwi purposes only—it will not be sold, made available to any other agency, or misused in any way. This form, and the electronic database in which the information will be stored, will be kept secure and will only be made available to authorised persons for purposes associated with the governance of Ngāti Paoa. This is in accordance with the principles of the Privacy Act 1993.

Signed: _____ Date ____/____/____

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Validation

When you have completed this form, you may have it validated by a Ngāti Paoa Kaumātua in the spaces provided, alternatively, you may send it back to the Ngāti Paoa Trust, who will arrange for its validation

We, the undersigned Kaumātua, declare that, to the best of our knowledge, the applicant is a member of Ngāti Paoa and is entitled to be included in the Ngāti Paoa Iwi register:

Signature of Kaumātua _____ Date _____

Full Name of Kaumātua _____

Signature of Kaumātua _____ Date _____

Full Name of Kaumātua _____



WHAKAPA

Please ensure your parent's **FULL NAMES** are included in the information below.

Enough information must be provided to establish a line of descent back to the principal Hapu named on the previous page.

Please only fill in the side that is Ngāti Paoa Descent.

_____ Father's Full Name	}	_____ Grandfather	}	_____ Great Grandfather
_____ Ngāti Paoa? Y/N		_____ Grandmother		_____ Great Grandmother
_____ Mother's Full Name	}	_____ Grandfather	}	_____ Great Grandfather
_____ Ngāti Paoa? Y/N		_____ Grandmother		_____ Great Grandmother

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