## Family Connect Registration Form



Please fill in the following information to register for this programme. We need all of this information to process your application.

TICK your answer where appropriate.

AREA: Auckland	Manukau	Papakura	U Waitakere	Franklin	
Name of Referral Agency	<i>'</i> :				
PARTICIPANT DETAILS:					
First Name:			Family Name:		
Gender: 🗌 Female 🗌	Male Other		Date of Birth:		
CONTACT DETAILS: Infor	mation we need t	o contact you and	d for running the progr	amme	
Home phone number:			Mobile:		
Postal address:					
Suburb:					
Town/City:			Postcode:		
Email address:					
Type of Internet connection	on at home: 🗌 No	one 🗌 Mobile	phone only 🗌 Broa	dband	
Do you have a PC or laptop	o at home that you	can use during the	12 month programme?		)
Do you need a loan laptop	to use in the work	shops? YES	NO		
Which ethnic group do you	u identify with?	] NZ European/Pak ] MELAA (Middle E	eha 🗌 Māori astern, Latin American	Pasifika or African)	Asian Other
Do you need any help und	erstanding English	? 🗌 YES 🗌 N	10		
Highest Level of educatio	Level 1 NC	attended high sch EA Certificate (Sch EA Certificate or h	ool certificate or NZQA N	lational Certificate	Level 1)
Refugee or migrant:	efugee 🗌 Mig	rant 🗌 Neithe	er		
Promotion:					
20/20 Trust can use s of the programme.			elf and/or my family as self and/or my family.	Family Connect pa	rticipants in the ongoing promotior
ACE Aotearoa and oth	ed in the Family Conne computer of training ious emails or softwan nternet a family activi connect team for tech ed and/or interviewed ion about my participi ner Government agen	ect programme befor re that may contain vi ty nical support if the co d for research purpose ation in the program cies where it will be u	e iruses omputer is not working es	tion purposes only	ucation, Tertiary Education Commission,
🗌 I declare that, to the be	est of my knowledg	ge, the information	I have supplied in this r	egistration form is	true