



KORONEIHANA 2024 STAFF REGISTRATION FORM

This form is to be completed by 1 August 2024. No Registration, No Acceptance to work.

This completed form is to be sent via email to koroneihana@rotoruaamw.nz

YOUR INFORMATION			
First Name:		Last Name:	
Address:			
City:		Post Code:	
Date of Birth		Phone Number:	
EMERGENCY CONTACT INFORMATION			
Name:		Relationship:	
Address:			
City:		Post Code:	
Phone Number:		Other:	

MEDICAL FITNESS & CLEARANCE TO WORK

Your fitness & wellness to work shall be your own responsibility and will be assessed by Management Health & Safety to determine any risk factor to your ability to sustain duties for the duration of this operation.

DOCTORS CERTIFICATE REQUIRED – NO WALKING AIDS.

PERSONAL MEDICAL CONDITIONS

Please tell us what medical conditions you have so we can ensure that we have the best support for you during these duties. Please include any dietary requirements.

--

Privacy Statement:

The Koroneihana Māori Wardens' Management Group understands that the information you provide in this form will be kept private and confidential and only be used for Staff Registration Purposes and any Medical Events should you have during this duty to ensure that you are looked after in the best way possible. The Koroneihana Māori Wardens' Management Group reserve the rights and responsibilities of this form and any information contained on it.



KORONIEHANA 2024 STAFF REGISTRATION FORM

ACTIONS TO MEDICAL CONDITIONS

Please advise what Medical Conditions you are self-medicating. (i.e. Asthma = provide my own Asthma Pump).

DOCTOR'S DETAILS

Please tell us who your doctor is and what Medical Centre you are enrolled with. Please include their primary phone number if you can.

Name:		Phone number:	
Medical Group:			

STAFF SELECTION PROCESS – SKILLS & QUALIFICATIONS

Please circle & fill in the appropriate answer.

Traffic Management Operative (Non-practicing)	YES	NO	
Traffic Management Operative (Practicing)	YES	NO	
Site Traffic Management Specialist-Universal	YES	NO	
Current First Aid	YES	NO	Expiry:
Approved Police Driver	YES	NO	Licence & Version Number:
C.O.A Certificate	YES	NO	COA Number:

WILL YOU WORK EVERYDAY?

August 17th – 21st

(Arrival & Pōwhiri information will be in your information pack once this form is completed and sent back).

YES	NO
-----	----

This completed form is to be sent via email to koroneihana@rotoruanw.nz

Privacy Statement:

The Koroneihana Māori Wardens' Management Group understands that the information you provide in this form will be kept private and confidential and only be used for Staff Registration Purposes and any Medical Events should you have during this duty to ensure that you are looked after in the best way possible. The Koroneihana Māori Wardens' Management Group reserve the rights and responsibilities of this form and any information contained on it.