

- P 0800 299 100
- A Level 3, 5-7 Vivian Street, Te Aro, Wellington 6011
- A PO Box 7309, Newtown, Wellington 6242
- W Visit the Skylight hub: skylight.org.nz

Pre-Waves Training Enrolment Form

(Please return via email to waves.admin@skylight.org.nz)

(Attendance - please tick your location)								
Christchurch: Tairawhiti:		7 November 3 November						
CONTACT DETAILS:								
Name:								
Organisation:								
Role:								
Address:								
Email:								
Phone Contact:								
Location in New Zealand:								
Town/City you will	delive	r the programme:						
Dietary Requireme	nts:							
BRIEF EMPLOYMENT	HISTO	DRY:						
VOLUNTEED OD COM	45.41.15.1	ITV CEDVICE.						
VOLUNTEER OR COM	<u>TIVIUIN</u>	II I SERVICE:						
EDUCATION LEVEL:								



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RELEVANT SKILLS AND EXPERIENCE (working with people, grief support, nursing, counselling, facilitating, group work):

ONE PAGE LETTER OR STATEMENT INCLUDING:

- ١. Why you want to work with the bereaved?
- Reasons for wanting to become a Waves Facilitator II. What you can offer the Waves Programme