

TUIA 250 TRAINEE BERTH

Expression of Interest Form



The Ministry of Culture and Heritage have offered Te Ātiawa o Te Waka-a-Māui Trust two trainee berths aboard vessels taking part in Tuia 250. We are looking for applicants who have a firm understanding and a genuine interest in the Tuia 250 kaupapa and themes.

If you meet the criteria outlined below and keen to be part in this national event, complete and return this form by the due date.

CRITERIA	To be accepted on this programme you must be: <ul style="list-style-type: none">• 16 years or older;• Registered as a member of Te Ātiawa o Te Waka-a-Māui Trust;• Physically fit and healthy;• A confident and able swimmer.
CLOSING DATE	Your EOI must be received by 12:00noon on Sunday 21st July 2019 . Two spaces are available so late applications will not be considered. Once all expressions of interest are received, we'll be in touch to let you know the next steps.
HOW TO APPLY	To be considered for this programme please: <ul style="list-style-type: none">• Complete and return the EOI form by the due date• Provide an up-to-date email address as this will be the primary communication channel pertaining to your EOI.• Supply a photo for your file that may also be used for marketing purposes.• Provide a membership number as verification that you are registered on the Te Ātiawa o Te Waka-a-Māui database.

For your expression of interest to be processed efficiently, please print (or type) all required information clearly.

Your Personal Details

LAST NAME

MEMBERSHIP NO.

FIRST NAME

HOME PHONE

ADDRESS

MOBILE

STREET

EMAIL

SUBURB

Physical Fitness & Health

In this section please describe your physical fitness and health by answering the following questions. Note – declaring any of the following details will not necessarily impede your selection.

Are you a physically fit person?

Yes No

Describe how you stay physically fit and healthy:

Tuia 250 Voyage Trainees will be required to move between luggars, rafts, tenders, the shore and back on to the vessels unassisted.

Will this be a problem for you? Yes No

Trainees will be required to climb up rigs and spars whilst maintaining a sense of self-awareness.

Would you be willing and able to climb up to the height of 43 meters? Yes No

Do you have experience with sports or activities in and around the water? Yes No

If yes, please describe your experience below:

Physical Fitness & Health *continued*

Swimming Ability

Please select the option that best describes your swimming ability:

- I am not comfortable in the water
- I can float comfortably in the water with a floatation device
- I can tread water and swim up to 50 meters
- I can swim up to 100 meters
- I can swim up to 200 meters

When was the last time you attempted the swimming ability or distance indicated? _____ days ago.

Will you be able to provide assistance to others whilst in the water? Yes No

Medical Details

Please answer the following questions:

Do you suffer from asthma? Yes No

Do you have any other respiratory problems? Yes No

Do you ever faint or have bad blackout spells? Yes No

Do you have any blood or bleeding disorders? Yes No

Have you ever had epilepsy or experienced seizures or convulsions? Yes No

Do you have any other neurological disorders? Yes No

Do you have any heart conditions? Yes No

Do you suffer from any joint, muscular-skeletal or recurrent dislocation problems? Yes No

Do you have any back problems? Yes No

Are you presently being treated by a doctor? Yes No

Do you have any long term disabilities that restrict you in performing everyday activities?

Yes No

Disabilities include: Sensory disabilities (hearing and vision), physical disabilities (mobility and agility), learning/ intellectual disabilities, psychiatric/ psychological disabilities (emotional, psychiatric or psychological conditions), or any other disabilities not mentioned. Long term = lasting longer than 6 months.

If you answered YES to any of the above, please provide further detail:

General Questions

Do you have any food or dietary requirements? (including food preferences)

If YES, please list below:

List any forms of participation you have had in Te Ao Māori: (te reo, pōhiri, kapa haka etc.)

Do you have any experience in performing whaikōrero or karanga? Yes No

Will you be willing to have your photo or video taken and shared publicly? Yes No

Declaration

- I certify that all information supplied in this expression of interest form is correct and true. I know that if the information supplied is incomplete or inaccurate my expression of interest will be invalid and declined, without any right of review.

Signature

I DECLARE THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. PRINTING YOUR NAME HERE IS EQUIVALENT TO A SIGNATURE.

SIGNED _____

DATED DD / MM / YYYY _____