



Pacific Trust Otago

Registration Form

Please fill in this form and indicate what service you would like to access
The contents in this document is confidential and will only be used by the Pacific Trust Otago.

DATE

 / /

PERSONAL INFORMATION

Full Name :

Date of Birth : / / Place Of Birth :

Gender : Male Female Ethnicity:

Email : Phone :

Marital Status : Occupation

ADDRESS

Current Address :

City: Number of People in Household :

Post Code:

SERVICES WE OFFER

(Tick a box/boxes of a service you would like to access or would like more information about.)

*HEALTH/ MEDICAL

Dietetic Clinic

Vaccination

Kaiawhina

Well-Child

Ke Tatala

Mental Health

EDUCATION/ TRAINING

Tupu Aotearoa
Employment Training

Rotai Playgroup

Breakaway Programme

Youth Development

SOCIAL/ WELFARE

Whanau Ora

Seniors Programme

Fitness Group

Moana Nui Festival

OR - any other service that is not listed (please state here):

*Referrals for Health services:

Please send Health related referrals or queries to clinic@pto.nz. For all other general enquiries, please use office@pto.nz

A : 16 McBride Street, South Dunedin, Dunedin

P : 03 455 1722

E : office@pto.nz

SIGNATURE

By signing here, you give consent for the Pacific Trust Otago to use this information to provide a responsive service for you and for Pacific peoples, in general.