



REGISTRATION OF INTEREST

FOSTER CAREGIVER SOCIAL WORK SERVICES

Please provide the following information:

Name:

Address

Phone number / cellphone number:

Email address:

Are you or have you ever been a foster caregiver for any agency?
If yes, who for and from when:

YES NO

Please email, post or fax this page to:

**Diane Ruru
Kokiri Marae Health & Social Services
7 - 9 Barnes Street
Seaview
Lower Hutt**

Email: info@kokiri-hauora.org.nz

**Fax to: (04) 939 4640
Attention: Diane Ruru**