



REGISTRATION OF INTEREST

SEXUAL & REPRODUCTIVE HEALTH SERVICES MAORI HEALTH PROVIDERS TRAINING PROGRAMME

Please provide the following information

Name of Maori Health Provider/employer:

Name of educator/s:

Contact Phone Number:

Email Address:

Have you undertaken any previous sexual & reproductive health training? YES/NO
If yes please describe

Please post/email or fax this page to:

Sexual & Reproductive Health Services Co-ordinator
Kokiri Marae Health & Social services S
7-9 Barnes Street
Seaview
LOWER HUTT

Email: jeannine@kokiri-hauora.org.nz

Fax to: (04) 939 4640
Attention Sexual & Reproductive Health Services Co-ordinator