

UNDER 18

MEMBERSHIP APPLICATION



NGĀTI WHĀTUA ŌRĀKEI
TRUST

CRITERIA FOR ENROLMENT

1. The Applicant is of Ngāti Whātua Ōrākei descent and his/her whakapapa can be traced to Tuperiri.
2. Provide a copy of the Applicants Birth Certificate or a statutory declaration as proof of birth. Note: If the applicant was born in a non-English speaking country, an official translation of the birth certificate is also required.
3. This Membership Application must be completed in full.
4. This Membership Application must be signed and dated by the Applicants parent, grandparent or guardian. If signed by a guardian, he/she must provide proof of guardianship e.g. court or will appointed documents etc.

WHY SHOULD I ENROL?

1. It identifies you as a member of Ngāti Whātua Ōrākei.
2. It enables the Ngāti Whātua Ōrākei Trust and its subsidiaries (together the "Ngāti Whātua Ōrākei Trust") to keep you informed on matters concerning the membership and hapū.
3. It allows you to apply for grants, assistance and subsidies when they become available.

CHECKLIST

Please ensure:

- This entire Membership Application Form is complete.
- A parent, grandparent or guardian has signed and dated this Membership Application Form.
- A copy of the Applicants birth certificate or a statutory declaration as proof of birth is provided. Please note, if the applicant was born in a non-English speaking country, an official translation of the birth certificate is also required.
- If a guardian is signing this Membership Application, he/she must provide proof of guardianship e.g. court or will appointed documents etc.

Once completed, please return your Membership Application to:

Email: register@ngatiwhatuaorakei.com

Post: Membership Registration
Ngāti Whātua Ōrākei Trust
PO Box 42 045
Ōrākei, AUCKLAND

**NGĀTI WHĀTUA ŌRĀKEI
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APPLICANT INFORMATION

Given Name/s: _____		Surname: _____	
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth: / /	Email Address: _____	
Postal/physical Address:			
(Circle one)	Number	Street	Suburb
Town/City		Post Code	Country
Best Contact Number: _____			
Alternative Contact Number: _____			

KEY CONTACT INFORMATION

This section is to be completed by the person who:

- is signing this Membership Application on behalf of the Applicant; and
- we will engage with, where direct communication cannot be had with the Applicant.

Given Name/s: _____		Surname: _____	
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth: / /	What is your relationship to the Applicant? <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian - if a guardian, please provide proof of guardianship.	Are you a registered member of Ngāti Whātua Ōrākei? <input type="checkbox"/> Y <input type="checkbox"/> N
What is your preferred contact method? <input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone call			

COMPLETE CONTACT DETAILS IF DIFFERENT TO APPLICANT

Postal/physical Address:			
(Circle one)	Number	Street	Suburb
Town/City		Post Code	Country
Best Contact Number: _____		Alternative Contact Number: _____	
Email Address: _____			

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WHAKAPAPA

Please provide the full names of the Applicants whānau below and circle those who are of Ngāti Whātua Ōrākei descent.

APPLICANT	Birth Mother	Grandfather
		Grandmother
	Birth Father	Grandfather
		Grandmother

PRIVACY STATEMENT

The Ngāti Whātua Ōrākei Trust Group is committed to protecting your privacy. All personal information (as defined in the Privacy Act 1993) that you provide in your application will be collected, stored and used by Ngāti Whātua Ōrākei Trust Group for purposes in connection with the assessment of your application:

1. the maintenance of whakapapa records, membership and hapū databases, voting register;
2. the functions of the Ngāti Whātua Ōrākei Trust Group;
3. keeping you updated on matters concerning your membership, hapū and the activities of the Ngāti Whātua Ōrākei Trust Group;
4. planning and design of any future services, benefits or goods that Ngāti Whātua Ōrākei Trust Group may choose to provide; and
5. any other purposes that the Ngāti Whātua Ōrākei Trust Group considers beneficial to Ngāti Whātua Ōrākei hapū ("Purposes").

Your personal information may be disclosed to a third party that provides services to Ngāti Whātua Ōrākei Trust Group in alignment with its core functions; and where authorised to by law. That disclosure will only be in connection with one or more of the above Purposes.

To update or correct the personal information concerning this Membership Application or if there are any questions concerning privacy, please contact:

Ngāti Whātua Ōrākei Trust Office
Free Phone: 0508 69672534
www: NgatiWhatuaOrakei.com
Email: register@ngatiwhatuaorakei.com

**NGĀTI WHĀTUA ŌRĀKEI
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DECLARATION

I, the Parent/Grandparent or Guardian, declare that all the above information is true and correct. I understand that any application received by the Ngāti Whātua Ōrākei Trust with incorrect, incomplete or misleading information may be rejected. I have read, and I understand and accept the Privacy Statement. I agree and authorize the Ngāti Whātua Ōrākei Trust Group to collect, use, store and disclose my personal information (as defined in the Privacy Act 1993) for the Purposes set out in the Privacy Statement.

Parent/Grandparent or Guardian Name: _____

Parent/Grandparent or Guardian Signature: _____ Date: _____

Office Only

- | | |
|--|--|
| <input type="checkbox"/> Valid Identification received | <input type="checkbox"/> Contact Number |
| <input type="checkbox"/> Full Name | <input type="checkbox"/> Email |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Whakapapa |
| <input type="checkbox"/> DOB | <input type="checkbox"/> All relevant information is captured/readable |
| <input type="checkbox"/> Address | <input type="checkbox"/> Signed by parent, guardian or grandparent |

**DATE RECEIVED &
INITIALED:**

**NGĀTI WHĀTUA ŌRĀKEI
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STATUTORY DECLARATION

COMPLETE THIS PAGE IF THE APPLICANT DOES NOT HAVE A BIRTH CERTIFICATE

- This Statutory Declaration is to declare the identity of the Applicant is true and correct.
- The person who has signed the Membership Application must complete this declaration.

I (enter YOUR full name)

of (enter YOUR address where you live)

(Enter YOUR occupation - for example bank manager, teacher, student, administrator, unemployed etc)

Solemnly and sincerely declare that

(List the facts clearly in your own words. Number each point to make it clearer)

Note: What you write must be true. You can be prosecuted if you make a false declaration.

E.g.

- 1. Hone Manu is a male*
- 2. Hone Manu was born on 19/12/2000*
- 3. The birth parents of Hone Manu are Heeni Manu and Pita Manu.*

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Note: Do not complete the following section until you are with the person witnessing your declaration.

Your signature

Declared at (Place, for example town or city) (Day/month/year)

(Day/month/year)

DD / MM / YYYY

Before me (Name of official witness)

*(For example, a Justice of the Peace,
solicitor or another person authorised
to take a statutory declaration)*

Signature of official witness

NGĀTI WHĀTUA ŌRĀKEI
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BRIEF PROCESS & TIMEFRAMES

Initial
Check

• **Hapū Ora Team** checks and collates registrations received. *Should we require further information, we will contact you.*

Referral

• The **Whakapapa Committee** to assess registrations and provide their recommendations by the Trust.

Decision

• The **Trust Board** considers the recommendations of the Whakapapa Committee.

Inform

• The **Hapū ora team** will formally notify you of outcome.

**NGĀTI WHĀTUA ŌRĀKEI
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Guidance and explanations to assist with completing this Membership Application

Heading	What is this?	Why is it needed?
Given Name/s Surname	First, middle and last names.	So we know what to call you in any verbal or written communication.
Gender	Male or Female	Can aid identification, particularly where the first name could apply to either gender.
Date of birth	The date you were born	Useful for confirming your identity. Also, to determine whether you are a minor, kaumatua etc.
Do you claim membership to Ngāti Whātua Ōrākei through your birth mother, father or both?	List your parent/s who are of Ngāti Whātua Ōrākei descent and are registered members.	To help us identify your connection to Ngāti Whātua Ōrākei and to the common ancestor, Tuperiri.
Postal/physical address	Your postal address. This may be your street address or a P.O Box.	So we can post you any mail.
Best Contact Number	Your main contact number. This maybe a landline or mobile number.	So we can confirm your identity and/or call or text message you.
Alternative Contact Number	Another contact number.	Just in case we cannot contact you on your 'Best Contact Number'.
Email Address	Preferably your personal email, but a work email is fine if that's all you have.	We are moving towards digital communication, and it also gives us an alternative means of contacting you if you've changed address but forgotten to let us know.
Key Contact	This is the parent/grandparent or guardian who is signing this Membership Application and is able to make decisions on behalf of the Applicant.	We need to know who our first point of contact will be and who is authorised to discuss matters pertaining to the Applicant, if we are unable to engage directly with the Applicant. Contact could be made to inform you about future initiatives.
What is your relationship to the Applicant?	Mother, father or both.	We need to establish who we are communicating with, if we're not communicating directly with the Applicant.
Are you a registered member of Ngāti Whātua Ōrākei?	Listed on the Ngāti Whātua Ōrākei register.	Can aid identification and whakapapa links.
What is your preferred contact method?	Postal address, physical address, email, text, phone call.	So we can communicate with you in a way that you would prefer.

Return your completed Membership Application to The Registry Team at: register@ngatiwhatuaorakei.com or Ngāti Whātua Ōrākei Trust, PO Box 42 045, Ōrākei

**NGĀTI WHĀTUA ŌRĀKEI
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FAQs

Who is the Applicant?

The Applicant is the person who is under 18.

The Applicant is a minor, who can sign on his/her behalf?

According to the Trust Deed for Ngāti Whātua Ōrākei a parent, guardian or grandparent can sign this Membership Application on behalf of Applicants who are under 18 years of age.

However, if a grandparent is registering the Applicant Ngāti Whātua Ōrākei Whai Maia Limited staff will need to contact the parent to confirm the application prior to completing the 'initial check'.

Can the Applicant vote?

No. Only those registered members who are 18 and over can vote in any Ngāti Whātua Ōrākei initiative.

Who is a Guardian?

A child's mother, father, grandparent and other relative or friends, and parents new partner can be a Guardian if appointed by the Family Court.

A parent can name a person in their will (or another formal legal document) to be a testamentary guardian if the parent dies. Testamentary guardians automatically become guardians once the parent dies. The guardian must provide proof of guardianship.

Who is considered the 'Key Contact Parent/Guardian or Grandparent'.

For the purposes of this Membership Application, the 'Key Contact Parent/Guardian or Grandparent', is the person:

1. Who is signing this Membership Application on behalf of the Applicant;
2. Who we (Ngāti Whātua Ōrākei, Whai Maia Limited staff) will engage with, where direct communication cannot be had with the Applicant.

What if the Applicant doesn't have a Birth Certificate?

You will need to complete and submit a Statutory Declaration.

What is a Statutory Declaration and how do we go about getting one?

A statutory declaration is a written document that is used to confirm something is true. For the purposes of this Membership Application, the statutory declaration will declare the identity of the Applicant. For example: name, date of birth, birth parent/s name/s etc.

This document must be:

- True and correct. You can be prosecuted if you make a false declaration.
- completed in front of an authorised witness such as a Justice of the Peace, solicitor etc; and

A declaration form, which was taken from www.govt.nz, is included in this Membership Application for you to fill in or you can write it yourself.

Who do I talk to if I've got any further questions?

You can call Whai Maia Limited from 8am - 5pm Monday to Friday, on Freephone 0508 NWORAKEI (0508 69672534) within New Zealand, or on +64 336 1670 if you are calling from overseas to discuss your queries or to make an appointment with a staff member.

Return your completed Membership Application to The Registry Team at: register@ngatiwhatuorakei.com or Ngāti Whātua Ōrākei Trust, PO Box 42 045, Ōrākei