



18+ Enrolment Form

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|--|--|---|--|
| YOUTH DETAILS | | MEDICAL DETAILS (if applicable) | |
| Name/s: | | Doctor: | Phone: |
| Phone: | | | |
| Email: | | | |
| Preferred Pronouns: She/Her He/Him They/Them | | | |
| Address: | | | |
| D.O.B: | | Age: | Basic 1 st Aid & Medication Support? Yes/No |
| SERVICE NEEDED: Mentoring <input type="checkbox"/> Adulthood Seminar <input type="checkbox"/> Social Activities <input type="checkbox"/> | | | |
| START DATE: | | | |
| Notes: Please advise us of any physical/mental conditions or struggles we should be aware of in order to provide appropriate support | | | |
| Do you have a Wild Card? Yes/No | | Do you wish to purchase a Wild Card? Yes/No | |
| Are you eligible for any kind of funding? Yes/No | | Do you consent to being photographed? (Including promotional.) Yes/No | |

I understand the Terms & Conditions of Pride Lands (see "conditions" on our website: www.pridelands.co.nz) and agree to abide by these terms. **SIGNED:** _____

| | |
|---|------------------------|
| PARENT/CAREGIVER DETAILS (If applicable) | |
| Name Parent/Caregiver OR Youth: | Name Parent/Caregiver: |
| Phone: | Phone: |
| Email: | Email: |
| Address: | Address: |
| Support Needs: | |
| Please outline any learning, accessibility, mental health, employment, or social support needs that may assist us in providing appropriate mentoring. | |

0800 PRIDE4U
0800 774 3348
04 907 2225 (business hours only)

info@pridelands.co.nz
www.pridelands.co.nz

P.O. Box 19256
Marion Square
Wellington 6141



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Personal Development Goals:

- Employment readiness
- Driver licensing
- Financial literacy
- Independent living skills
- Confidence & communication
- Community engagement
- Education pathways
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____