



18+ Enrolment Form

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.	



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Personal Development Goals:

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