



Registration Form

Please return your completed form to:
Course Booking, Back-Up New Zealand, PO Box 12229, Ahuriri, Napier
or email to courses@backup.org.nz subject: Course Booking

First Name		Surname	
Title		Organization	
Home Ph		Work Ph	
Mobile		Date of Birth	
Address			
Email			
ACC Case Manager		ACC Number	

How did you hear about Back-Up NZ?
What made you interested in getting involved, and what are your aims for wanting to do a Back-Up NZ Course?

If you have a disability please complete the following section:

Please describe the nature of your disability:			
If appropriate, please comment on the cause of your disability:			
Do you use a wheelchair?		Type:	
Distance limited to:			

If you do not have a disability please complete the following section:

If you have any experience with disability, please give details:
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