



**Strathlachlan Fund**



## **Short Course in Community Women's Health Promotion Pre Course Information**

In order to be able to do the above course:

1. You must:
  - be female
  - be Pacific
  - be currently unemployed
  - have basic literacy skills
  - be aged between 20 – 60 years
2. Be committed to completing the course
3. Wishing to find employment
4. Morning tea and lunch provided
5. Child care available

Complete the attached application form and forward to:

WONS  
PO Box 41021  
St Lukes  
Auckland 1346

For more information please ph: (09) 846 7886 ext 709 Monique Fredatovich



*Nursing, Education and  
Health Promotion Services*

## **Short Course in Community Women's Health Promotion**

### **Application Form**

We will fill in the red lines

**Course Number:** \_\_\_\_\_ **Course Date:** \_\_\_\_\_

**Course Venue:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone: Home:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **(Postal)** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Ethnicity:**

Why do you want to do this course? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

What are you hoping to get out of this course? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Where and when have you been employed in the last five years? (if anywhere)

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Do you have access to any of these : DVD      TV      Video      iPod  
**(Please circle)**

Any special needs/diet requirements we should know about?

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Do you require childcare?    Yes                  No  
**(Please circle)**

Does your child have any special dietary requirements? \_\_\_\_\_

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I agree/do not agree to WONS emailing me regularly regarding WONS courses and updates.  
I agree/do not agree to allow WONS to give out my details to relevant health authorities who request information about my training.

\_\_\_\_\_  
**Signature Applicant**

\_\_\_\_\_  
**Date**