**Pre-Waves Training Enrolment Form**

(Please return via email to waves.admin@skylight.org.nz)

**New Facilitator: (please tick both days)**

**Existing Facilitator: Training Date (if prior to 2022)**

**Refresher: Training Date:**

(Attendance - please tick your preference)

**Online/Zoom  22 February  23 February**

**Auckland  4 July  5 July**

**Wellington 17 October 18 October**

CONTACT DETAILS:

**Name:**

**Organisation:**

**Role:**

**Address:**

**Email:**

**Phone Contact:**

**Location in New Zealand:**

**Town/City you will deliver the programme:**

**Dietary Requirements:**

BRIEF EMPLOYMENT HISTORY:

VOLUNTEER OR COMMUNITY SERVICE:

EDUCATION LEVEL:

RELEVANT SKILLS AND EXPERIENCE (working with people, grief support, nursing, counselling, facilitating, group work):

ONE PAGE LETTER OR STATEMENT INCLUDING:

1. Why you want to work with the bereaved?
2. Reasons for wanting to become a Waves Facilitator
3. What you can offer the Waves Programme