**Pre-Waves Training Enrolment Form**

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

**(Attendance)**

**Online – 14 – 15 November**

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

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