



TOA AUAHI KORE ROLE MODEL Information Form

Toa Auahi Kore Role Model register was formed in 1998 to enhance and support community driven initiatives provided through health organisations, kura, kohanga and marae.

These initiatives include health days, wananga, sports days etc. all with a strong focus on promoting Auahi Kore as part of their event.

The aim of this programme is to promote all aspects of Auahi Kore in particular to our rangatahi

The conditions for booking a role model are:

1. Role models are for Auahi Kore promotions only.
2. Role Models are available for **up to 3 hours**. If required longer this must be negotiated with THMM and an additional fee may be required to cover the Role Models time. This additional fee is to be covered by your organisation.
3. If the role model for the event is to act as an MC, THMM must be informed of this prior to the event and therefore seek the role models consent. An additional fee may be required and this is to be covered by your organisation.
4. If Travel and accommodation is required for the Role Model those costs are to be met by your organisation.
5. There must be at least, 6 weeks notice given to THMM prior to the event **NO EXCEPTIONS!**
6. THMM does not guarantee that the first person of your choice will be available, nor do we accept liability for any role model cancellations (Including tangihanga, sickness or whanau emergencies).
7. Any future engagements as a consequence of one booked by THMM must go through THMM again, and must not be negotiated directly between the role model and the provider.
7. Your organisation must inform THMM of any cancellations regarding the event.
8. Your organisation must provide all relevant information to THMM regarding the event.
10. A representative must be nominated to be responsible for the role model at the event.

I have read and agree with the terms and conditions stated above.

Signed: **Date:**

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Application Form

Please make sure you have thoroughly read through the terms and conditions on the Information Form **before** completing this form

Role Model Name	1	A / NA	<small>Office use</small>
<i>(In order of preference)</i>	2	A / NA	
	3	A / NA	

Details of Event

Name of event:

Theme of event:

Target audience:

Where:

When:

Event start time: **Event finish time:**

Timeframe role model required for:

Requested activity for the Role Model:

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Please attach any other relevant information regarding the event.

Applicants Contact Details

Name:

Requesting organisation:

Contact Details Wk: **Fax:**

Mob: **Email:**

Person responsible for Role Model:

Contact Number (*preferably cell phone number*)

These details will be given to the role model

Signed

Date

Please complete in full and fax back to:

James Hamiora on **09 638 5340**

If you have any further enquiries contact us at:

2:2, 72 Dominion Road, Mt Eden, AUCKLAND

☎ 09 638 5800

💻 info@thmm.co.nz

Or James on direct dial ☎ 09 638 5806 or email 💻 james@thmm.co.nz

OFFICE USE ONLY	
Received By	
Date Received	
Application Approved Date	Application Declined Date
Managers Authorisation	
Code	
Date	
Amount	
Event Completed	
Paid / Payroll Date / Other	

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Application Flow Chart

