

**Te Reo o te Pā Harakeke – Expression of Interest**

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| **Participant 1** |
| Name |  |
| Email |  |
| Participant's relationship to child/ren e.g. mother, grandmother, step-mother, etc. |  |
| **Participant 2** |
| Name |  |
| Email |  |
| Participant's relationship to child/ren  |  |
| **Whānau details** |
| Contact phone number |  |
| Physical address |  |
| Name/s and age/s of child/ren e.g. Amaia (3 years old) |  |

If you would like to participate, please fill in form and send to Dr Dean Mahuta dmahuta@aut.ac.nz by Monday 27 March 2017.