

PADI FREEDIVING COURSE

2025 Application Form



Rangitāne o Wairau want to encourage and support members to be able to kōhi kai moana (gather seafood) and be able to do this safely.

The PADI Freediving Course is targeted towards beginner snorkellers to the experienced spearfisher, paua or kina diver. Learn valuable breathing techniques and skills to keep you safe in the water.

The PADI Freediving Course includes training and education on Shallow Water Blackout and Drowning; Shallow Water Blackout Revival in Water Resuscitation, and allows you to learn about your body's own personal urges to breath.

Considerations will be given to iwi members that have participated or are keen to participate or support iwi events.

PADI Freediving Scholarship is valued to \$649pp.

CRITERIA	<p>Check this list to see if you are eligible:</p> <ul style="list-style-type: none">• 15 years or older;• Registered as a member of Te Rūnanga a Rangitāne o Wairau;• Have adequate swimming skills;• Be in good physical health;• Meet requirements as set out by the Blenheim Dive Centre; and• Complete the PADI Medical Statement (<i>See Medical Requirements</i>).
CLOSING DATE	<ul style="list-style-type: none">• There are two scholarships available• Applications will close Monday 30 June 2025.• Te Rūnanga a Rangitāne o Wairau Trust will contact you upon receipt of your application and will let you know of any decision by email.
DOCUMENTATION REQUIRED	<p>The following documentation is required:</p> <ul style="list-style-type: none">• Completed application form• Membership number as verification that you are registered on the Te Rūnanga a Rangitāne o Wairau Trust database• PADI Medical Statement
SUCCESSFUL COMPLETION	<ul style="list-style-type: none">• Certification is awarded by the Blenheim Dive Centre on behalf of PADI when you have been assessed by them as satisfactorily completing the class time, pool time and sea time.• Recipients are asked to support Takahi Whenua at events especially around kai moana gathering and sharing knowledge.
MEDICAL REQUIREMENTS	<ul style="list-style-type: none">• Complete the following - https://www.rangitane.org.nz/wp-content/uploads/2025/05/2025-PADI-Dive-Medical.pdf <p>If any of the items in the medical history form apply to you, you must consult with a doctor and have the form signed off.</p>

Your Personal Details

LAST NAME		MEMBERSHIP NO.
FIRST NAME		HOME PHONE
ADDRESS		MOBILE
STREET		EMAIL
SUBURB		
TOWN / CITY	POSTCODE	DATE OF BIRTH DD / MM / YYYY

Your hapu/iwi development aspirations

Please briefly explain why you want to do this course and how you will be able to use these skills for yourself, whānau and Rangitāne o Wairau.

POST TO:
TE RŪNANGA A RANGITĀNE O WAIRAU
PO BOX 883
BLLENHEIM 7240

OR EMAIL TO:
EVENTS@RANGITANE.ORG.NZ

CHECKLIST:

- ☐ MEMBERSHIP NUMBER
- ☐ COMPLETED APPLICATION FORM
- ☐ COMPLETED MEDICAL FORM
- ☐ PASSPORT SIZED PHOTO

Please add me to the list of Rangitāne o Wairau divers ☐ Yes ☐ No

Please tick if you have the following:

Dive mask	<input type="checkbox"/>
Snorkel	<input type="checkbox"/>
Dive fins	<input type="checkbox"/>
Wet suit	<input type="checkbox"/>
Weight belt	<input type="checkbox"/>

Declaration

- I certify that all information supplied in this form is correct and true. I know that if the information supplied is incomplete or inaccurate my application will be invalid and declined, without any right of review.
- If I am successful I will supply the office with a brief report and photos within 12 weeks of completing the course so that my experience/success may be shared with Rangitāne o Wairau whānui.
- I consent to this information being used for marketing and communications by Te Rūnanga a Rangitāne o Wairau Trust. (Note that if you are under 18 years old Te Rūnanga a Rangitāne o Wairau will need the consent of your parent or legal guardian.)

Signature

I DECLARE THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. PRINTING YOUR NAME HERE IS EQUIVALENT TO A SIGNATURE.

SIGNED _____

DATED DD / MM / YYYY _____

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CHECKLIST:

<input type="checkbox"/>	MEMBERSHIP NUMBER
<input type="checkbox"/>	COMPLETED APPLICATION FORM
<input type="checkbox"/>	COMPLETED MEDICAL FORM
<input type="checkbox"/>	PASSPORT SIZED PHOTO