



Women's Self Defence Network – Wāhine Toa Inc

Self Defence Teacher Training Expression of Interest

Please Complete All Pages

Personal Details

	Date _____
Name:	_____
Address:	_____
City/Town:	_____ Postcode: _____
Contact Phone No:	_____ (day) _____ (evening)
Mobile:	_____
Email:	_____

With which ethnic group/s do you identify? _____
Iwi affiliations (if applicable): _____
Age: _____

Are you currently in an abusive intimate relationship?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been in an abusive intimate relationship?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How long ago was this?	_____	

Please note due to the nature of our work, WSDN-WT is unable to accept people who have been in an abusive relationship within the past two years.

Self Defence Teaching

Please tell us why are you interested in joining a feminist network to train to be a Self Defence Teacher?

What geographical area(s) would you be able to teach Self Defence in?

Are there any particular priority groups of women or girls you would want to teach Self Defence to?

What is your availability to teach Self Defence, including during school hours?

Describe your experience and/or expertise in:

Facilitation, group work, teaching

Work/involvement with community groups

Violence and abuse

Treaty of Waitangi/anti-racism work/cultural safety

Bicultural partnerships

Work with people of diverse genders and sexualities

Physical competence/co-ordination

Tell us about your understanding of Te Tiriti o Waitangi and racism in Aotearoa, and how you think it might relate to your work as a self defence teacher

Tell us about your understanding of gender and sexuality based oppression and how this understanding might relate to your work as a self defence teacher.

Are you legally entitled to work in NZ? Yes No
If yes, please give details:
(i) You are a NZ citizen or permanent resident? Yes No
(ii) You have a work visa? Yes No
(iii) Other? Please explain: Yes No

Do you have any disability or medical condition that may affect your ability to teach self defence? Yes No

If yes, please provide further detail:

Have you ever been charged or convicted with a criminal offence? Yes No

If yes, please explain (what, when and outcome):

Are you awaiting a hearing on any charges? Yes No

If yes, please give details:

Qualification and Employment History

Please tell us about any relevant qualifications and work history (paid or unpaid)

Other Relevant Information

Do you have a clean driver’s licence and reliable vehicle? Yes No

Please include any other information you believe relevant to this Expression of Interest form

Did you complete this form yourself? Yes No

If not, who did? _____

I state that all information given in this application form is true.

Name: _____

Signature: _____

Date: _____

Please complete and return to:

E-mail(preferred): admin@wsdn.org.nz

Women's Self Defence Network – Wāhine Toa

PO Box 1080

INVERCARGILL 9840