



# 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:	_____

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

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

*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

Heterosexism/homophobia work

Physical competence/co-ordination

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Are you legally entitled to work in NZ?

Yes  No

If yes, please give details:

(i) You are a NZ Citizen?

Yes  No

(ii) You have a work visa?

Yes  No

(iii) Other? Please explain:

Yes  No

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**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 <input type="checkbox"/>	No <input type="checkbox"/>
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**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:***  
**Women's Self Defence Network – Wāhine Toa Inc**  
Level 1, 4 Bond Street  
Te Aro  
WELLINGTON, 6011 or  
PO Box 24090  
Manners Street  
WELLINGTON, 6142  
*E-mail:* [admin@wsdn.org.nz](mailto:admin@wsdn.org.nz)