Bereavement, Funeral/Tangihanga or Childbirth/Whānau Information



Supporting Evidence for Aegrotat Application

The completed form is to be included with the learner's Aegrotal Application					
Learner Name:		Date:	Signature:		
Bereavement or Funeral / Tangihanga					
Name of Deceased:					
Relationship to Le *complete box belo Date of Death:			Attack	h Funeral Notice]
Place of Death:	ι [
Date of Funeral:	[
Place of Funeral:					
Childbirth / Whanau					
Name of Childbearer:					
Relationship to Learner*: *complete box below if relevant Date of Birth: Attach Birth Notice					
Date of Birth:	[Atta	cn Birth Notice	
Place of Birth:					
*Please explain nature of relationship if other than a close relative					

The information contained in this statement will be used by Ara only for the purposes of this aegrotat application.