



# Empowering Positive Change 3 Day Programme

**CHRISTCHURCH 6, 7, 8 SEPTEMBER 2022**

**ARRIVE 8.30AM FOR 9AM START**

**FINISH 4.30PM**

**Venue:** Kiwi Family Trust  
420 St Asaph St  
Phillipstown  
Christchurch 8011

People are shaped by the life that they have experienced and for many, this has not always been a positive experience. We help people to remove negative aspects of their conditioning by giving them useful tools and easy-to-learn techniques. This allows their own unique positivity to emerge.

Positive thinking by itself does not achieve worthwhile and lasting changes, but by thinking the 'thought' and then by taking the right steps or action, you can achieve great success in all areas of your life.

The first and most useful step in this process is becoming aware of your own conditioned beliefs and then deciding which are no longer useful.

*"The best course I've ever done;  
the most powerful, useful and life - enhancing  
experience I've ever had."*

Nelson Soper presents the Empowering Positive Change 3-day programme. He has extensive experience in working with and mentoring families and individuals throughout New Zealand. He is currently facilitating nine different programmes and has delivered these throughout the country.

Nelson has presented the Empowering Positive Change 3-day programme to people from nine years old to eighty four! His presentation is informative and empowering. He will outline the tools people need to enable themselves to look at their lives from a different perspective: a perspective that will help people identify their hidden talents and potential.

- Set goals for your future
- Be happy right now
- Learn to stay focused
- Procrastination
- Avoid stress
- Clear Factual Communication
- Work Life balance
- Fear and guilt
- Organisation, time management
- Mind games
- Thinking and Acting
- Quieten the mind
- Enjoy the journey of life



**Kiwi Family Trust**  
"Tika Kina Tika Whanau O Aotearoa"  
"Helping People to Help Themselves"

P O Box 22332  
Christchurch 8140  
Free Phone 0508 Lifeskills  
0508 543375

Email us today at [barb@kiwifamilytrust.org](mailto:barb@kiwifamilytrust.org) ▶ ▶ ▶





# Kiwi Family Trust

“Helping People to Help Themselves”

## Application for Enrolment

### A SECTION

#### Personal Details:

(Mr) (Mrs) (Miss) (Ms) \_\_\_\_\_ M / F  
First Name/s and Surname

Contact Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Mobile no. \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Children Yes/No How Many \_\_\_\_\_ Ages \_\_\_\_\_

With which ethnic group(s) do you identify

☐ NZ European/Pakeha ☐ Maori ☐ Pacific Island ☐ Asian ☐ Other (Please specify \_\_\_\_\_)

Name of Organisation \_\_\_\_\_ Position \_\_\_\_\_

Please fill in the details below as this will help us to help you get the most out of this programme

### B SECTION

#### Please tick preferred programme below

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Empowering Our Youth     | <input type="checkbox"/> Clear Communication        | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Parenting Now and Beyond | <input type="checkbox"/> Empowering Positive Change |                                    |
| <input type="checkbox"/> Teachers and Carers      | <input type="checkbox"/> Breaking Down The Barriers |                                    |

#### Motivation to Attend:

### C SECTION

What do I most want to achieve by attending the “Kiwi Family Trust” Programme?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### D SECTION

#### Health Requirements:

1. What is your current state of health? \_\_\_\_\_

2. Are you receiving any kind of therapy and/or taking any kind of medication that may inhibit your ability to participate in this programme?

Details please \_\_\_\_\_

3. The course is undertaken with the understanding that the presenters are not therapists, nor are they engaged in rendering psychological or any other professional service of a medical or therapeutic nature.

Please Turn Over /...

**E SECTION****Application for Sponsorship**

*Please tick relevant boxes :*

- ☐ I am under 20 years.   ☐ I have a community services card.   ☐ I don't have children & earn less than \$30,000.00 per year.
- ☐ I work/volunteer in the community, education, social or health sector.
- ☐ I have children and my family income meets the following criteria:
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1 child— less than \$35,686    | <input type="checkbox"/> 2 children—less than \$43,833  | <input type="checkbox"/> 3 children-less than \$51,979  |
| <input type="checkbox"/> 4 children— less than \$60,126 | <input type="checkbox"/> 5 children— less than \$68,373 | <input type="checkbox"/> 6 children— less than \$76,419 |
- ☐ I believe I have eligible/compassionate reasons why Kiwi Family Trust should sponsor me on one of the programmes.

Please briefly explain (or attach a letter in support) \_\_\_\_\_

**If you have ticked any of the above boxes = Sponsorship Granted.**

**Conditions of sponsorship:**

As you can appreciate, it costs a great deal to bring these programmes to the community at large. As part of your contribution to the Trust, we would appreciate a small amount of your time to write a testimonial to enable us to inspire and empower others to partake in these programmes.

- ☐ I agree to writing a testimonial that can be used in promoting the Trusts' programmes either on our website or to others who would like to know more about how people have experienced the programme.

Your time taken to provide this testimonial is truly appreciated.

**F SECTION****Un-sponsored Programme Costs**

*If you don't meet the sponsorship criteria set out in section E, then please tick the relevant box below*

- ☐ One Person \$250.00 per day   ☐ Couple \$275.00 per day   ☐ Family Category \$500.00 per day

**Please tick the relevant boxes and sign below**

- ☐ YES, I believe I meet the sponsorship criteria; or   ☐ NO, I agree to pay the course fee.
- ☐ YES, I wish to make a donation to the Kiwi Family Trust, to contribute to the programme costs. I have enclosed the amount of \$ \_\_\_\_\_. A receipt will be posted to me.
- ☐ YES, I agree that this course is undertaken with the understanding that the presenters are not therapists nor are they engaged in rendering psychological or any other professional service of a medical nature.
- ☐ YES, I confirm that I have completed this form honestly.
- ☐ YES, I confirm my participation in the "Kiwi Family Trust" programme.

**Applicant (signature)** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

420 St Asaph St or PO Box 22 332, Christchurch Central, Christchurch 8140  
Phone (03) 963 8040 Fax (03) 963 8050 or free phone 0508 Lifeskills 0508 543 375 email barb@kiwifamilytrust.org