Print Sheet and Manually Complete - Scan or Photograph and send as attachment to cooksaferarotonga@gmail.com

STAFF QR CARD BIO DATA REGISTRATION - CONFIDENTIAL

Email Address _____

Name of Business or Government Department _____ _____ **Phone Number** _____

*All fields must be filled in. If a staff member does not have an email address or phone number please provide information of a family member.

NAME (First & Last)	DATE OF BIRTH	ADDRESS	PHONE NUMBER	EMAIL ADDRESS