

APPLICATION FORM

(HWFNZ¹) HAUORA MĀORI PROGRAMMES FUNDING 2014

To ensure that all applications are given equal opportunity to secure funding from HWFNZ, please complete the following form carefully.

<p>Vanessa Duthie</p> <p>Māori Workforce Development Coordinator Waitemata DHB and Auckland DHB Level 1, 15 Shea Terrace Private Bag 93-503 Takapuna</p> <p>Ph. (09) 486 8920 ext 3129 Email: vanessa.duthie@waitematadhb.govt.nz</p>	<p>Please don't hesitate to contact us with any queries or problems with completing this form.</p> <p>We are here to help you.</p>
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PLEASE APPLY EARLY, AS PAYMENT OF FEES INVOICE MAY TAKE UP TO 8 WEEKS

PLEASE WRITE CLEARLY – COMPLETE ALL AREAS (PAGES 1 TO 4)

Section One – Personal Details:			
Information about applicant			
Mr <input type="checkbox"/>		Mrs <input type="checkbox"/>	
Miss <input type="checkbox"/>		Ms <input type="checkbox"/>	
First names <i>(Print)</i>		Surname <i>(Print)</i>	
Your date of birth <i>(dd/mm/yy)</i>			
Your mailing address <i>(home address or P O Box or work address)</i>			
Your email addresses <i>(both work & home)</i>		(If you don't have one, please get one, as this makes communication with you much easier! Thanks)	
Your phone number	Home	Work	Mobile
Are you a New Zealand Citizen/Resident?			Yes / No
Whakapapa			
What is your iwi?			
What is your hapu?			
What is the name of your marae?			

¹ Health Work Force New Zealand, formerly Clinical Training Agency (CTA)

Section Two – Employment Details:

Information about your employment & your Employer's support for your Application

Employer and workplace	Employer name e.g. DHB, Hospice, PHO, NGO, rest home etc	Employer address	Type of Service
	Current role/ job	Hours of work per week (average)	Length of employment (with current employer)

Section Three – Study and Career Goals:

Information about study and your career

Career Plan	What are your work goals for the next 2 – 5 years?
	How will this study benefit your job/ role/ service?
	Identify the overall benefits of studying your chosen course

Section Four – CURRENT Qualifications:

Information about your qualifications and experience

Describe any work you have done in the community, with whanau or marae <i>(include voluntary/ paid work)</i>	
List any informal Qualifications you have obtained	
List details of ANY Academic Qualifications <i>(DO NOT SEND ORIGINALS – just listing here is acceptable)</i>	
Name of School/ Tertiary Institute	Qualification
	Year/s attended

Section Five – Proposed study programme:

Information about your proposed studies

Name of University/Wananga/ Tertiary Institute you are intending to study at:

Certificate/ Diploma name?

Contact Details for the Course Supervisor of your proposed programme/ study:
(Name, email and phone numbers)

Course start date?

Course end date?

The Tuition Fees payable: *(Per Annum)*
*Please ask your tertiary institute to invoice Waitemata DHB directly – *conditions apply**

Is this an NZQA/ CUAP/ ITPQ accredited course? Between Level 3 to Level 7?

Yes No

Section Six – Scholarship Funding Details:

Extra Funding support : Please tick which areas are required

- Relief Staffing hours (Backfill for tuition classes)
- Travel subsidy (100kms each away from work to place of study!!)
- Overnight Accommodation subsidy (Only for those who are 100kms each way. No more than \$149 per night, excludes Wananga where accommodation is included)
- Cultural plan - FREE (Details NOT included)
 - o includes mentoring, cultural supervision and cultural development activities
 - o we will be inviting you to Wananga, as a part of cultural support for this scholarship

Section Seven – Employer support:

Ask your Manager or Supervisor to fill out this BOX, please:

I agree to release this employee from work to attend the course

Yes No

Please outline:

(Please note the DHB can contribute up to \$1000 towards relief staffing. Conditions apply)

I agree to contribute towards paid study leave

Yes No

Please outline:

(Please note that while the DHB provides resource to ensure paid study leave for the trainee, we also ask employers to contribute wherever possible)

I confirm that I have had a discussion with the applicant about their Professional Development and support them in undertaking the above study and their application for funding.

Yes No

**Employer Position
(& contact details)**

Employer Signature

DECLARATION:

By signing this declaration:

- I confirm that the information supplied in support of my application is accurate at the date of signing and the required supporting documentation is attached.
- I confirm that my name and email address can be utilised for group emailing by appropriate DHB personnel
- I agree that I will:
 - apply for admission to the University / Wananga / Tertiary Institute - if not currently a student (Discuss procedure with this DHB Māori HWFNZ Programme Coordinator);
 - enrol into the programmes / paper(s) stated in this application;
 - complete this qualification;
 - attend wananga, called by HWFNZ co-ordinators, for cultural support
 - keep my DHB Māori HWFNZ Programme Coordinator informed of my progress throughout the semester and notify immediately of any changes; and
 - notify my DHB Māori HWFNZ Programme Coordinator and the University / Wananga / Tertiary Institutes immediately if I withdraw from a paper and/or the programme.
- I agree that the DHB can:
 - seek confirmation of enrolment, progress and course completion from the Tertiary Institutes; and
 - provide the Ministry of Health with information related to this sponsorship.
 - collect and disclose information gathered from evaluations which is required by Ministry of Health related to my training (utilised for quality improvement processes)
 - expect me to attend DHB Wananga for some cultural support
- **I understand that if I withdraw from the course for any reason then my course fees may not be covered by Waitemata DHB**

Applicant's signature: _____ Date: _____

Please complete this application form and return it to your local DHB Coordinator, as quickly as possible.

APPENDIX 1: EXCLUSIONS

Exclusions

These training programmes are **not available** to:

- **Mental health workers, Nurses & Allied Health professionals – separate funding is available;**
- Registered Nurses & Doctors who work in my DHB **AND** non - DHB/MoH provider or funded services;
- Māori staff who are studying in a programme **not approved** by relevant qualification criteria;
- Māori staff already in a Ministry of Health sponsored study programme, that covers any of the same papers;
- Degree programmes are **excluded**