**Please attach to your application ALL the following documents:**

**Course outline (information relating to your course / training programme)**

**Confirmation of Enrolment**

**Invoice / Quote relating to course fees only**

**Invoice / Quote relating to any additional course costs / resources (if available)**

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| **HAUORA MAORI TRAINING FUND APPLICATION FORM** |
| **PERSONAL DETAILS** | First Name (legal name): |  |
| Surname (legal name): |  |
| Date Of Birth: |  |
| Gender: | Male Female |
| Organisation Name: |  |
| Job Position Title: |  |
| Work Phone |  |
| Home Phone |  |
| Address: |  |
| Email address: |  |
| Total Hours Worked per week or FTE status: |  |
| **NZ RESIDENCY STATUS** | *Do you hold New Zealand Residency Status?* YES / NO |
| **ETHNICITY** | *Please circle* NZ Māori New Zealander Pacific Island Other *\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **LINKS / WHAKAPAPA** | Iwi Name(s): |  |
| Hapū Name(s): |  |

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| **COURSE CONFIRMATION** |
| **TRAINING INSTITUTE & PAPERS PLANNED** | Training Institute Name: |  |
| Name of course / training programme:  |  |
| Start Date: |  |
| Finish Date: |  |
| **COURSE INFORMATION** | *Circle (below) the level of qualification for which you are seeking funding support* CERTIFICATE GRADUATE CERTIFICATE DIPLOMA OTHER |
| **HEALTH PRIORITY AREA** | *Circle (below) the priority health workforce area for which you are seeking funding support* AGED CARE REHABILITION PRIMARY CARE OTHER *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **TRAVEL** | *Will you need travel allowances to attend any classes as part of these papers?*YES NO |
|  | *If you do have to travel, what are the total kilometres between your normal workplace and your class?*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kms |
| **ACCOMMODATION** | *If you travel out of town, will you need accommodation?*YES NO |
|  | *If you need accommodation, what are the estimated nights needed for ‘related’ accommodation?*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nights |
| **RESOURCES** | *Will you need to purchase any resources for any part of these papers?*YES NO |
|  | *If you do need resources, please list them below.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **CAREERS DEVELOPMENT PLAN** |
| **My Long Term Goal is** |  |
| **How am I going to achieve this?** |
| **Short Term Plan****(6-12 months)** |  |
| **Medium Term Plan****(1-2 years)** |  |
| **Long Term Plan****(3-5 years)** |  |

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| **PREVIOUS QUALIFICATIONS** |
| **Please list any formal qualifications that you have obtained prior to this application.** Please include the following information:* Name of Qualification
* Name of Training Provider (i.e. Wintec)
* Start / Finish Dates (i.e. March 2014 – Nov 2015)

Note: If no formal qualification has been obtained, please write N/A. |
| **Qualification 1** |  |
| **Qualification 2** |  |
| **Qualification 3** |  |

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| **AGREEMENT SIGNATURES** (Please obtain ALL relevant signatures) |
| **LINE MANAGER ‘AGREEMENT’** | In signing this application, I confirm that I have had a discussion with the applicant about their Professional Development and Career Plan and I support them in undertaking the above study and submitting this application for funding.I have also considered the rostering implications, particularly the needs of any ‘clinical’ areas and agree to release the trainee for the required amount of time to attend this course.Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_/ \_\_\_ |
| **APPLICANTS ‘AGREEMENT’** | In signing this application, I confirm that I have completed the application in full. I accept that;* **It is my responsibility to enrol in the course**
* **It is my responsibility to provide all documents that are listed at the top of page one**
* **I may be declined from receiving Hauora Maori Training Fund**
* **No payments will be made unless I have provided all documents and have received an acceptance letter by the Hauora Maori Training Fund co-ordinator**
* **I will be contacted by the co-ordinator to provide feedback on the Hauora Māori Training Fund at any given time during the course year**
* I may be required to pay part of the costs myself, which could include but are not limited to: food, books, stationery, student union fees etc.
* I will be required to provide evidence of learning and/or completion
* If I withdraw before completing any part of the course I may be required to pay back the funding acquired
* I am responsible for informing the Waikato District Health Board Māori Health Unit of any changes to my course /training programme
* I give permission for the collection and sharing of my personal information within the Waikato DHB and the Ministry of Health for reporting purposes
* I give permission for my results to be used for Hauora Maori Training Fund reporting and promotional purposes
* **I declare that I am not receiving scholarships or other funding from the Ministry of Health that covers any of the same components of this specification**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_/ \_\_\_ |