

Health Workforce New Zealand

Hauora Māori Training Fund 2018/2019

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	<i>Do you hold New Zealand Residency Status?</i> YES / NO	
ETHNICITY	<i>Please circle</i> NZ Māori New Zealander Pacific Island Other 	
LINKS / WHAKAPAPA	Iwi Name(s):	
	Hapū Name(s):	

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	

Please attach to your application 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)

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)	

AGREEMENT SIGNATURES 2018/2019

(Please obtain ALL relevant signatures)

LINE MANAGER 'AGREEMENT'	<p>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.</p> <p>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.</p> <p>Name: _____</p> <p>Position: _____</p> <p>Signature: _____ Date: ___/___/___</p>
APPLICANTS 'AGREEMENT'	<p>In signing this application, I confirm that I have completed the application in full.</p> <p>I accept that;</p> <ul style="list-style-type: none">• It is my responsibility to enrol in the course• 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 may be contacted by the co-ordinator to provide feedback on the Hauora Māori Training Fund at any given time during the course year• 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 <p>Name: _____</p> <p>Signature: _____ Date: ___/___/___</p>