



PIHIRAU HAUORA MAORI SCHOLARSHIPS

2010

Contact Information:

Director Student Success
NorthTec
Private Bag 9019
Whangarei

SUPPORTING INFORMATION FOR APPLICANTS

PURPOSE OF THE PIHIRAU HAUORA MAORI SCHOLARSHIPS

The overall aim of the Pihirau Hauora Maori scholarship programme is to encourage more Maori into health and disability fields in areas where Maori are under represented as health professionals and over represented in terms of health needs.

It is the intention of Northland District Health Board and NorthTec, to offer scholarships to assist Maori, who whakapapa to Te Tai Tokerau hapu and iwi, to undertake and/or complete a course of study in the health and disability sector.

This is the first year that the Pihirau Hauora Maori scholarships are being available and will continue to be available for the next 4 years.





SELECTION CRITERIA

All applicants will meet the following selection criteria:

- You will be of Maori decent and whakapapa to Te Tai Tokerau hapu and Iwi
- Your course of study will be NZQA accredited or will be a University or Polytechnic course at the discretion of the selection panel
- All Nursing papers must be Nursing Council of NZ approved
- Your course of study will be relevant to the health & disability sector
- You are intending to go on to further study in an ITP and enrolled for a full time programme of study

ASSESSMENT CRITERIA

The Assessment Panel will consider the applicants under the following criteria:

-  Academic Record
-  Applicant's motivation for entry into the course of study
-  Life and work experience
-  Initiative – what has the applicant done to prepare themselves?

CRITERIA

- All Parts of Application form completed
- Benefits to organisation, community
- Extra qualifications whether applicable to current role or for future career development
- Referees, one must be Kaumatua
- To obtain funding applicant must provide a Tax Invoice of payment of fees as confirmation of enrolment and academic record throughout the year

- Funding categories may change from year to year to accommodate the projected demand in the health and disability sector

VALUE

The Northland District Health Board sets maximum value of each scholarship

The Assessment Panel reserves the right to withdraw any scholarship, should there be no suitable applicants

The Northland District Health Board reserves the right to make full and final decisions

CLOSING DATE

Applications must be received no later than **25 March 2010**. Applications after the closing date will be considered for the next Scholarship dispersion

Please note: No consideration will be given for in-completed or late applications.

TENURE

The scholarships are payable for one calendar year of study

NOTIFICATION OF DECISION

All applicants will be notified of the decision to grant or decline their application

RESOURCES

Northland District Health Board through NorthTec funds this scholarship

The

CATEGORY	Number of Scholarships awarded per category	VALUE
Graduates from Feeder programmes – Incubator, Whakapiki Ake	10	\$1,500.00 ea
Second Year Degree students studying: BAppSc, B of Nursing, BBM	15	\$4,500.00 ea
New entry to Foundation programme	10	\$1,500.00 ea
Northland DHB Staff: qualification in health and disability sector	10	\$3,500.00 ea
Other	5	\$1,000.00 ea

The Northland District Health Board has agreed to fund the scholarships on the basis of identified Maori Workforce Development priorities. Categories of scholarships include but are not limited to Nurses, Health Management, Dental and Public Health.

NORTHLAND DISTRICT HEALTH BOARD / NORTHTEC

PIHIRAU HAUORA MAORI APPLICATION FORM

Name <i>Ingoa</i>	
Position currently held (if applicable)	
How did you find out about the Scholarships <i>Please circle one.</i>	NorthTec website, Northland DHB website, whanau, radio, newspapers

Please print your answers on the application form.

- Use a black biro or pen.
- The closing date is ...25 March 2010.....
- **Return the application form in an envelope marked**

Director Student Success
NorthTec
Private Bag 9019
Whangarei

- **If your application is not received by due date or** you do not enclose **ALL** your documentation, you should not assume that the Panel would consider your application.
- For enquiries contact Director Student Success NorthTec

THE PANELS DECISION IS FINAL NO FURTHER CORRESPONDENCE WILL BE ENTERED INTO

1. PERSONAL DETAILS

- a. Mr Mrs Miss M's b. Male Female
- c. Last Name: _____
- d. First Name: _____
- e. Postal Address _____

- f. Day Time Contact number: () _____
Alternative contact number: () _____
Cell Phone: _____
- g. Email Address: _____ AGE: _____ / _____ / _____
Day Month Year
- h. Are you a current employee of Northland District Health Board _____

2. CATEGORY DETAILS

Please specify the category you would like to be considered under. Please note you may only tick one category.

a.

Graduates from Feeder programmes – Incubator, Whakapiki Ake	<input type="checkbox"/>
Second Year Degree students studying: BAppSc, B of Nursing, BBM	<input type="checkbox"/>
New entry to Foundation programme	<input type="checkbox"/>
Northland DHB Staff: qualification in health and disability sector	<input type="checkbox"/>
Other	<input type="checkbox"/>

- b. Have you received a scholarship previously? Yes No
- c. Are you currently studying full time or part time? Full Time Part Time
- d. Have you been successful in receiving other scholarships for this course of study?
Yes No

3. REFEREES

a. Give the names, addresses and contact numbers of three referees:

- E.g., Kuia/Kaumatua, Maori head of department, school principal or senior lecturer, who can be contacted if necessary, to support this application.

You should advise these people that you have supplied their names and addresses in support of your application but it is not necessary to obtain written statements from them.

REFERENCES			
I consent to Northland District Health Board/NorthTec seeking verbal or written information on a confidential basis about me from representatives of my referees.			
Signature	<input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
	Referee 1*	Referee 2*	Referee 3*
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>

* At least one referee must be your Kaumatua/Kuia

4. ACADEMIC RECORD

a. Attach copies of your most recent Academic Record:

b. NAME OF SCHOOL / POLYTECHNIC / UNIVERSITY WANANGA ATTENDED	LIST YEAR(S) ATTENDED

DO NOT SEND ORIGINAL DOCUMENTS - COPIES ONLY

c. Mature Students Educational record

- Mature students who have not undertaken a formal course of study in recent years should list any informal qualifications they have obtained.
- Paid or Voluntary work should also be mentioned

d. Qualifications and Awards

List Academic / Maori / Health or Community related awards and attach copies of certificates

DO NOT SEND THE ORIGINAL CERTIFICATES

5. PROPOSED COURSE OF STUDY

Are you currently studying at a tertiary institution / polytechnic / wananga or university?

1. () If Yes (**Go to SECTION 6**)

() If No, please complete the following:

a. At which tertiary institution / polytechnic / wananga or university do you intend to study?

b. Which qualification do you intend to complete?

c. What subjects will you major in?

Now go to SECTION 7 over the page

6. CONFIRMATION OF TUITION FEES

NB: This section is to be signed by authorised staff at your institution and must be fully and correctly completed

Student Identification Number: _____

a. Name of Tertiary Institution / Polytechnic / Wananga or University?

b. Name of Course or Programme? _____

c. Your course start date is ____/____/____
 Day Month Year

d. Length of course is _____ Weeks

e. The Course of Study you undertake must be one of the following. Please tick the appropriate box

Is this an NZQA accredited course, Tertiary Education (eg University/Polytechnic) Yes

Nursing Paper: **All Nursing Papers must be Nursing Council approved:** Yes

Other please state: _____

f. The Tuition Fees payable by this student are: \$_____._____ GST incl.

Signed: _____ Name: _____

Designation: _____ Date: ____/____/____
 Day Month Year

7. WHAKAPAPA

Korowai Maori

a. What is your Iwi? _____

What is your Hapu? _____

b. What is the name of your Marae? _____

c. **Whakapapa:**

(If you know only part of your Whakapapa, give the details that are known to you)

KAUMATUA

KUIA

KAUMATUA

KUIA

MATUA TANE

WHAEA

KAITONO

Endorsement:

Kuia / Kaumatua Name: _____

Kuia / Kaumatua Signature: _____

8. MOTIVATION

This section asks you to explain **your motivation** for undertaking your current or proposed course of study

- a. **By completing these studies what added value will your future work have for your service and the Northland District Health Board, or more broadly in the Maori community?**

9. LIFE AND WORK EXPERIENCE

This section asks you to describe the relevant life or work experience that **you bring** to your chosen field of study

- a. **What experience do you have working for your Community, Whanau, Marae etc?**

10. INITIATIVE

This section asks you to describe what **you have done** to prepare yourself for your course of study

- a. Study: _____

- b. Work: _____

- c. Personally: _____

11. FORMER APPLICATIONS

a. Have you received any other funding or applied to any other Institution eg, Manaaki Tauria, or other Maori Scholarship, eg training fund to support your course of study

Yes No

If yes, please state which: _____

12. IMPORTANT - READ AND CHECK ALL DOCUMENTATION

Please ensure you have answered **ALL** the questions and you have ticked the box against the type of scholarship you wish to be considered for

13. METHOD OF PAYMENT

Confirmation of enrolment

Payment to Institution:

Tax Invoice in Students name for fees which will be paid on your behalf up to the allocated amount to the Institution you are currently enrolled with. The onus is on you to supply us with correct details.

Reimbursement:

Evidence of payment by Tax Invoice. Financial services will be direct crediting this reimbursement to your bank account.

Authority is given to Direct Credit into my Bank Account details held in Payroll. Yes No
If you have ticked no please supply an appropriate deposit slip. The onus is on you to supply us with correct banking details.

IMPORTANT NOTE:

- Should you leave your course of study, withdraw from the programme or fail to achieve the academic requirement for achievement in your selected papers you will be required to notify Northland District Health Board, Ellie Berghan **to repay the funding supplied.**

Northland District Health Board reserves the right to recover any monies owing by the candidate of this Application Form in the event of the above mentioned. Repercussions of any of the above mentioned, may result in the Northland District Health Board seeking recovery of the monies after due review of the circumstances.

Monies returned will be returned back into the Maori Health Scholarship fund for redistribution to assist other applicants.

Please note – Investment Societies and Credit Unions are **NOT** recognised as trading banks and are **NOT** generally part of the direct crediting system.

14. DOCUMENTATION

- I have stapled COPIES of my academic record, awards, budget, Whakapapa etc to my application

Yes

- I understand that if all supporting documentation is **NOT** attached to the application the panel may not consider my application

Yes

15. PRIVACY ACT

The Northland District Health Board/NorthTec will in accordance with the provision of the Privacy Act 1993, make available to the applicant on request, the personal information that it holds about the applicant and will make any appropriate corrections to that information, to ensure that the information which is held, is accurate.

16. CERTIFICATE OF ACCURACY

- a. I confirm that all of the information supplied in support of my application is accurate at the date of signing and the supporting documentation is enclosed.

Yes

- b. I undertake to notify Director Student Success NorthTec if I withdraw from my chosen course of study during the next academic year.

Yes

- c. I authorise an officer from NorthTec to contact any one of my referees or any person in connection with my academic record.

Yes

- d. If I am a successful candidate I agree to provide brief quarterly reports of my progress to Director Student Success NorthTec. Failure to do so may affect future applications.

Yes

- e. If I am a successful candidate I agree that the Northland District Health Board/NorthTec may use my Award and personal details in positive publicity for Maori.

Yes

DECLARATION

I (full name) declare that to the best of my knowledge the answers provided in this application form and any other information provided to Northland District Health Board/NorthTec in support of my application is correct and I understand that if any false or deliberately misleading information is given, or any material suppressed, my application will not be considered.

Signature

Date