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**HEALTH WORKFORCE NEW ZEALAND (HWNZ)**

**HAUORA MĀORI TRAINING & MĀORI SUPPORT FUND**

 **APPLICATION**

**2021**

**Please read this information before completing your application**

The Whanganui District Health Board is pleased to announce the opportunity for employees who work for Whanganui DHB provider services and Whanganui DHB/Ministry funded organisations (such as NGO, PHO, iwi providers, aged care, rural, hospice) to apply for funding to attain a formal qualification (Level 3 – 7) that supports and focusses on the health sector for positive contribution to improved health outcomes for Māori. Funding for these training programmes is allocated to Whanganui DHB by Health Workforce New Zealand, previously known as the Clinical Training Agency (CTA).

**HWNZ eligibility criteria:**

* be of Māori descent
* be currently employed by a DHB health/disability service, or by a health/disability service that is funded by the District Health Board or the Ministry of Health
* demonstrate a commitment to and/or competence in Māori health and wellbeing studies
* be a New Zealand citizen or hold a New Zealand residency permit as conferred by the New Zealand Immigration Service
* have support by their current employer to undertake and complete the qualification(s)
* meet the entry criteria required by the training provider
* relevance of this course of study to your career aspirations; and
* relevance of your academic plan to assist you achieving your career aspirations.

**Exclusions:**

* employees who work in non-Whanganui DHB/Ministry provider or funded services
* employees who are studying in a programme not accredited by the New Zealand Qualifications Authority (NZQA), the Committee on University Academic Programmes (CUAP) or Institutes of Technology and Polytechnics Quality (ITPQ)
* employees who are not NZ Citizens and who do not have NZ permanent residency status
* employees already in a sponsored study program in 2021 (Employees will be excluded if they are part of the Maori Provider Development Scheme, receive a Hauora Scholarship or are participating in another HWNZ-funded programme)

**Applications:**

It is important that you complete all required fields in the application form along with attaching your CV and any other relevant documentation required.

Please note that the **Māori Support Fund closes 15 February 2021** and the Hauora Māori Training Fund is open until the end of Semester 2 – **15 November 15 2021**

All completed applications are to be forwarded to:

 **Kylee Osborne**

*Kaitakitaki, Māori Workforce Development*

*Te Hau Ranga Ora Māori Health Services*

Whanganui District Health Board

Private Bag 3003

Whanganui 4500

Ph: (06) 3481234 ext 7219

kylee.osborne@wdhb.org.nz

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| 1. **PERSONAL DETAILS**
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| I understand that I need to complete all details below or my application will be considered incomplete.  This information is required from all applicants by HWNZ and all information will remain confidential |
| Marital Status |  Mr Mrs Miss Ms |
| Surname |  |
| First Name |  |
| Street Address |  |
| Suburb |  |
| City |  | Post Code |  |
| Phone (Home) |  | Mobile |  |
| Phone (Work) |  | Email |  |
| Date of Birth |  | Health Practitioner No. *(if applicable)* |  |

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| 1. **ETHNICITY**
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| Please tick which ethnic groups you belong to: |
|  | Māori |  | Niuean |
|  | NZ European |  | Fijian |
|  | Samoan |  | Indian |
|  | Tongan |  | Chinese |
|  | Cook Island Māori |  | Other |
|  |  |  |  |
| Please list your Iwi/Hapū affiliations and include any Māori community links you may have |
| Iwi |  | Hapū |  |
| Iwi |  | Hapū |  |
| Community Links |  |  |  |

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| 1. **EMPLOYMENT DETAILS**
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| Please complete whichever is applicable: |
| **3a. Whanganui DHB Provider Service Employees to complete** *(DHB Employees only)* |
| Current Role/Job Title & Hub |   |
| Work Phone Extension |  |
| Manager |  |
| Employment Type/FTE  |  |
| Length of employment at WDHB |  |

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| **3b. Whanganui DHB Funded Services Employees to complete** *(NGO’s, PHO’s, Iwi Providers, Aged Care, Hospice Employees)* |
| Employing Organisation |  |
| Work Postal Address & Phone Number |  |
| Current Role/Job Title |  |
| Employment Type/FTE  |  |
| Length of employment with current employer |  |
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| 1. **FUNDING**
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| Please indicate which funding you are applying for:* Hauora Māori Training Fund
* Māori Support Fund
* Both

**Hauora Māori Training Fund**A maximum of $5995 (GST excl) is available per applicant/trainee and covers the following.**Tuition fees:**These are the fees charged by the tertiary/training provider for the program of study the applicant/trainee is enrolled in. **Travel:**This subsidy is to cover any costs incurred by the applicant/trainee who are required to travel further than 50kms one way from the usual place of work to the tertiary/training provider location. **Accommodation:**This subsidy is to cover any costs incurred by the applicant/trainee who required accommodation at the agreed tertiary/training provider location.**Backfill:**Covers the cost of releasing the applicant/trainee to attend compulsory course study days during their work hours.**Course Related Costs:**A maximum of up to $500 is available for course related costs.

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| *Please indicate below the total you are applying for under Hauora Māori Training Fund* |
| Tuition Fees  |  |
| Travel |  |
| Accommodation |  |
| Backfill |  |
| Course Related Costs |  |

**Māori Support Fund**A maximum of $1200 (GST excl) is available per applicant/trainee and up to $200 can be used for course related costs. This funding enables the applicant/trainee to access mentoring. Cultural supervision and cultural development activities **If you are applying for the Māori Support Fund please state the name, location and qualification of supervisor/mentor. Please also include a supervision agreement with this application (see attached example)** **SUPERVISOR DETAILS:**  |
| Name: |  |
| Location: |  |
| Qualification: |  |
| Number of sessions: |  |
| Cost per session: |  |
| Commencement Date: |  |
| Contact Number: |  |
| Contact Email: |  |
| Supervisors signature: |  |

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| 1. **PROPOSED COURSE OF STUDY FOR 2019**
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| **NB: Please attach a copy of your course outline clearly showing course fees, NZQA accreditation etc.** |
| Training Institute |  |
| Course Name |  |
| Course Qualification |  |
| Length of Course |  |
| Commencement Date |  |
| Expected Completion Date |  |
| Tuition Fees payable |  |
| Please list papers you are enrolled in for 2021 |
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| **Paper Title** (e.g. Hauora Concepts)  | **Level**(3–7) | **Paper Title** | **Level** (3-7) |
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| 1. **ACADEMIC RECORD**
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| List your most current details of your academic record (if applicable). **NB: Please attach a copy of your CV** |
| **Name of Training Provider** | **Qualification** | **Year(s) Attended** |
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| 1. **CAREER PLAN**
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|   Please write your career development goal in the space provided |
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| Please give an outline on how you will achieve this goal |
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| 1. **ENDORSEMENT OF YOUR APPLICATION**
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| Please have your Manager / Team Leader or Director complete either section 8a or 8b, whichever is applicable |
| **8a. Whanganui DHB Provider Service Employers to complete** *(DHB Employers only)* |
| Do you support this employee’s application? |  Yes |  No |
| Do you agree to release the trainee from work to attend the course? |  Yes |  No |
| Name (please print): |  |
| Designation / Position: |  |
| Signature: |  |
| Date: |  |

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| **8b. Whanganui DHB Funded Services Employers to complete** *(NGO’s, PHO’s, Iwi Providers, Aged Care, Hospice Employers)* |
| Do you support this employee’s application? |  Yes |  No |
| Do you agree to release the trainee from work to attend the course? |  Yes |  No |
| Name (please print): |  |
| Designation / Position: |  |
| Signature: |  |
| Date: |  |

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| 1. **DECLARATION**
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By signing this declaration:

* I confirm that the information supplied in support of my application is accurate at the date of signing and the supporting documentation is attached.

I agree that I will:

* apply for admission to the training institution
* enrol into the paper(s) stated in this application;
* complete this qualification;
* keep the Kaitakitaki, Māori Workforce Development, Te Hau Ranga Ora Māori Health Services WDHB informed of my progress throughout the semester and notify immediately of any paper changes; and
* Notify the Kaitakitaki, Māori Workforce Development, Te Hau Ranga Ora Māori Health Services WDHB and the training provider immediately if I withdraw from a paper and/or the programme.

I agree Whanganui DHB can:

* seek confirmation of enrolment and course completion from the training provider; and
* Provide the Ministry of Health – HWNZ with information related to this sponsorship.

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| Applicant’s Name (please print) |  |
| Signature |  |
| Date |  |

**Applicant’s Checklist:**

Please ensure all sections are completed and relevant documentation is attached for your application to be considered.

 **Section 1 – Personal Details**

 **Section 2 – Ethnicity**

 **Section 3a or 3b - Employment Details**

 **Section 4 – Funding -**if applying for Māori Support Fund please ensure Supervisor details and agreement are

completed and attached

 **Section 5 – Study for 2021**

* Ensure your course outline is attached
* Reimbursement Form (if applicable)
* Receipts / proof of purchase for course related costs (if applicable)
* Bank deposit slip (if applicable)
* Supporting letter stating your rationale for your application for the funds and how these will contribute to the completion of your study (if applicable)

 **Section 6 – Academic Record**

 **Section 7 – Career Plan**

 **Section 8 – Endorsement**

 **Section 9 – Declaration**

Once your application is received you will be notified of your application status.