

CANTERBURY DHB 2021

Māori & Pasifika Scholarship

Māori and Pasifika Scholarships is a small contribution to Christchurch-based tertiary institution students who are studying a health-related NZQA accredited course and have whakapapa with Māori communities and/or cultural links with Pasifika communities, and is also planning to work in the Canterbury district.

- Applications close Friday 26 March 2021, 5pm
- Online applications to be forwarded to:
manawhenuakiwaitaha.kaiawhina@gmail.com

For more information please visit:

www.cdhb.health.nz/about-us/health-system-alliances/manawhenua-ki-waitaha/

If you wish to talk to someone please contact Ruth on 027 443 4532

Canterbury

District Health Board

Te Poari Hauora o Waitaha



GUIDELINES FOR APPLICANTS



ELIGIBILITY

To be eligible for a Māori and Pasifika Scholarship you must:

- » Be a student enrolled at a Christchurch based tertiary institution
- » Be studying a health-related, NZQA accredited course at undergraduate or below level, of at least 12 weeks duration
- » Have whakapapa or cultural links with Māori and/or Pasifika communities
- » Be planning to work in the Canterbury district

ADDITIONAL INFORMATION

The Assessment Panel will consider the applications according to the following criteria:

- » Whakapapa/genealogy with appropriate endorsement
- » Confirmation of study details
- » Letter of support from local Māori and/or Pasifika communities
- » The scholarship is available for the academic year January – December 2021
- » The scholarship is available to individuals (not to employers to reimburse professional development investments).

ASSESSMENT PROCESS

- » Assessment Panel will assess all eligible application with no correspondence will be entered into.

CANTERBURY DHB 2021 MĀORI AND PASIFIKA SCHOLARSHIPS APPLICATION FORM



1. GENERAL INFORMATION

- a. Date of Birth: ___ / ___ / ____
- b. Gender: Male Female Other
- c. First Name: _____
- d. Last Name: _____
- e. Preferred Name: _____
- f. Postal Address: _____
Number & Street: _____
- g. Suburb: _____
- h. Town: _____
- i. City: _____ Postcode: _____
- j. Phone Numbers: _____ Mobile: _____
- k. Email: _____

2. CATEGORY DETAILS

Please specify the category you wish to apply under. You may apply under one category only – details of categories are available in the appendix.

- a. Are you currently studying full time or part time? _____
- b. What year of study are you in? (i.e. 1st year, 2nd year) _____
- c. Is 2021 your final year of study? _____
- d. What is your intended career? _____

3. PROPOSED COURSE OF STUDY

Are you enrolled and studying at a tertiary institution in 2021 _____

- a. At which school, tertiary institution or wānanga do you intend to study? _____
- b. What qualification do you intend to complete? _____
- c. What subject will you major in? _____

4.CONFIRMATION OF TUITION FEES

THIS SECTION MUST BE COMPLETED IN FULL, AND SIGNED BY AN AUTHORISED MEMBER OF STAFF AT YOUR INSTITUTION.

- a. Student Identification Number: _____
- b. Student's Registered Name: _____
- c. Name of tertiary institution: _____
- d. Name of course or programme: _____
- e. Course start date: ___ / ___ / ___
- f. Length of course: _____ weeks
- g. Is this an NZQA accredited course? Yes No
- h. The Tuition Fees payable by this student are: \$ _____ GST inclusive

5. WĀNANGA – FONO OPPORTUNITIES

An opportunity for successful recipients to engage in wānanga–fono e.g. how to write a CV or, up in coming job vacancies. If you would like to receive further emails Yes No

6. WHAKAPAPA

Korowai Māori:

a. What is your iwi? _____

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

d. Referee: _____

Please provide the name and contact details for one referee who can be contacted if necessary to support your application e.g. Kaumātua, Kuia/Koro, relative, head of department, school principal or senior lecturer.

Please advise this person that you have supplied their name in support of your application, but it is not necessary to obtain a written statement from them.

Name: _____

Title: _____

Phone: _____

Address: _____

Email: _____

Relationship to applicant: _____

Cultural Links: _____

Please outline your cultural links with Te Ao Māori and/or Māori Communities

e. Please attach a letter of support from your local Māori community e.g. Rūnanga, Māori community organisation.

7. GENEALOGY

Tagata Pasifika:

- a. What is your ethnicity? _____
- b. What is the name of your village? _____
- c. Family: _____

If you know only part of your genealogy, give the details that are known to you.

- d. Referee: _____

Please provide the name and contact details for one referee who can be contacted if necessary to support your application e.g. Chief, Church Minister, relative, head of department, school principal or senior lecturer. Please advise this person that you have supplied their name in support of your application, but it is not necessary to obtain a written statement from them.

Name: _____

Title: _____

Phone: _____

Address: _____

Email: _____

Relationship to applicant: _____

- e. Cultural Links: _____

Please outline your cultural links with your Pasifika community:

- f. Please attach a letter of support from your local Pasifika community e.g. Church, Pasifika community organisation.

7. METHOD OF PAYMENT

Payment to successful students will be by direct credit to the student's current bank account.

YOU DO NOT NEED TO SEND ANY DETAILS NOW. Successive applicants will be asked to submit a photo/scan of their bank account number once they have been notified of the outcome.

8. MĀORI AND PASIFIKA SCHOLARSHIP EVALUATION

It is important that an evaluation of the CDHB Māori and Pasifika Scholarships is undertaken to determine the effectiveness of the programme. Please note that successful applicants may be contacted to participate in this evaluation.

9. PRIVACY ACT

Manawhenua ki Waitaha will, in accordance with the provisions 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.

10. 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. I undertake to notify Manawhenua ki Waitaha if I withdraw from my chosen course of study during the next academic year.
- b. I authorise a representative from Manawhenua ki Waitaha to contact my referee or any person in connection with my academic record.
- c. If I should move during the Scholarship Assessment process I will undertake to inform Manawhenua ki Waitaha. I understand that if I am successful in receiving a scholarship I must return the appropriate information as soon as you are aware of your lived circumstance

Student's Signature: _____

Date: ____ / ____ / ____

APPENDIX: Definition of Scholarship Categories

CATEGORY

NURSING

Students studying towards a Registered Comprehensive Nursing Degree, or Nursing Degree at a recognised New Zealand Polytechnic or University. Yes

MIDWIFERY

Students studying towards a Midwifery Degree at a recognised New Zealand Polytechnic or University. Yes

HEALTH MANAGEMENT

Students studying towards Health Management at a recognised New Zealand Polytechnic, University or Wānanga. Yes

MEDICINE

Students studying towards a Bachelor of Medicine, Surgery or Medical Science at a recognised New Zealand university. Yes

ALLIED HEALTH

Students studying towards a recognised NZQA qualified Allied Health profession Yes

CHECK LIST - Please tick off what you have included

- Confirmation of Tuition Fees – completed by an authorised member of staff at your place of study
- Institution Tertiary Institute Fees Receipt
- Completed Whakapapa/Genealogy
- Letter of support from your local Māori or Pasifika community

CHECK LIST - Following your application

- If you have not received confirmation of your application contact:
Ruth on manawhenuakiwaitaha.kaiawhina@gmail.com or phone 027 443 4532