



CANTERBURY DHB 2019

# Māori and Pacific SCHOLARSHIPS

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

- Applications close 5pm Friday 29 March 2019
- Online applications to be forwarded to:  
[manawhenuakiwaitaha.kaiawhina@gmail.com](mailto:manawhenuakiwaitaha.kaiawhina@gmail.com)

- Any queries, please contact :  
Ruth Chisholm, Kaiawhina 0274434532  
For more information please visit:  
[www.cdhb.health.nz/maorihealth](http://www.cdhb.health.nz/maorihealth)

**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha



## GUIDELINES FOR APPLICANTS

### ELIGIBILITY

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To be eligible for a Māori and Pacific 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

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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 Pacific communities
- The scholarship is available for the academic year January – December 2019
- The scholarship is available to individuals (not to employers to reimburse professional development investments).

### ASSESSMENT PROCESS

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

# CANTERBURY DHB 2019 MĀORI AND PACIFIC SCHOLARSHIPS APPLICATION FORM

## 1. GENERAL INFORMATION

- a) Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_
- b & c) Gender:  Male  Female  
 Other
- d) First Name: \_\_\_\_\_
- e) Last Name: \_\_\_\_\_ f) Preferred Name: \_\_\_\_\_
- g) Postal Address: Number & Street \_\_\_\_\_  
Suburb \_\_\_\_\_  
Town \_\_\_\_\_  
City \_\_\_\_\_ Postcode \_\_\_\_\_
- h) Phone Numbers: Day ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_
- i) Email: \_\_\_\_\_

## 2. CATEGORY DETAILS

- a) Please specify the category you wish to apply under. You may apply under one category only –details of categories are available in the appendix.
- b) Are you currently studying full time or part time?
- c) What Year of Study are you in (i.e. 1st year, 2nd year) Is 2019 your final year of study?
- d) What is your intended career?

## 3. PROPOSED COURSE OF STUDY

Were you enrolled and studying at a tertiary institution in 2018.

- Yes (Go to SECTION 7)  No (answer a, b, & c below)

- a) At which school, tertiary institution or wānanga do you intend to study?  
\_\_\_\_\_
- b) What qualification do you intend to complete? (year of completion)  
\_\_\_\_\_
- 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

Signed: .....

Name: .....

(Member of the staff) .....

Designation: .....

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

- Attach fees receipt.

TERTIARY INSTITUTE STAMP

#### 5. 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.

- Kuia	- Kuia
- Whaea - Koro	- Whaea - Koro
Koe - Whaea - Papa - Kuia	Koe - Papa - Papa - Kuia
- Koro	- Koro

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/Kōrua, 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 te ao Māori or Māori Communities:

f) Please attach a letter of support from the local Māori community (e.g. Runanga, Māori community organisation).

## 6. GENEALOGY

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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.

- Grandmother

- Grandmother

- Mother - Grandfather

- Mother - Grandfather

You - Mother - Father - Grandmother

You - Father - Father - Grandmother

- Grandfather

- Grandfather



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 the Pacific community:

f) Please attach a letter of support from the local Pacific community (e.g. Church, Pacific community organisation).

## 7. METHOD OF PAYMENT

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Payment to successful students will be by direct credit to the student's current trading bank account. DO NOT ENCLOSE A BANK DEPOSIT SLIP NOW. Successful applicants will be asked to submit a deposit slip once they have been notified of the outcome.

## 8. MĀORI AND PACIFIC SCHOLARSHIP EVALUATION

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It is important that an evaluation of the CDHB Māori and Pacific 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

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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.  Yes
- b) I undertake to notify Manawhenua Ki Waitaha if I withdraw from my chosen course of study during the next academic year.  Yes
- c) I authorise a representative from Manawhenua Ki Waitaha to contact my referee or any person in connection with my academic record.  Yes
- d) If I should move during the Scholarship Assessment Process I will undertake to inform Manawhenua Ki Waitaha.  Yes
- e) I understand that if I am successful in receiving a scholarship I must return the appropriate information by 3 April 2019  Yes

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.

#### MIDWIFERY

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

#### HEALTH MANAGEMENT

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

#### MEDICINE

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

#### ALLIED HEALTH

Students studying towards certificates, diplomas or degrees at a recognised Polytechnic or University in Community Health, Primary Mental Health, Pharmacy, Health Education, Counselling, Disease Prevention, Screening, Sexual Health Services, Social Work, Dentistry, Physiotherapy, Chiropractic and Osteopathy Services, Traditional or Alternative Healing, Dietician.

## CHECK LIST - Please tick off what you have included

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

