



## Hauora Māori Workforce Training - Application 2019

The NMDHB is pleased to announce the opportunity for employees, who work for NMDHB provider services and NMDHB/Ministry funded organisations (e.g. NGO, PHO, Māori Health Providers, Aged Care, Rural, Hospice etc) to apply for funding to complete a nationally accredited qualification – Certificate, Diploma or Graduate Certificate levels 2 to 7 (excluding degrees). Funding for these training programmes is allocated to NMDHB by Health Workforce New Zealand (HWNZ).

The priority of this funding is the Māori non-regulated health and disability workforce. This funding will support training of those in the non-regulated workforce to develop formal competencies in their current role, and develop potential to move into other health sector roles as relevant. The HWNZ eligibility criteria are set out as follows.

Successful applicants will be selected on the following criteria:

- 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
- Have Māori whakapapa
- Be a New Zealand citizen or hold a New Zealand permanent residency status as conferred by the New Zealand Immigration Service
- Have support from your current employer to undertake and complete the qualifications
- Employment must be no less than .25 FTE
- The course meets NMDHB Māori health/disability workforce priorities
- Meet the entry criteria required by the training provider

Exclusions for this funding:

- Employees who work in non-NMDHB/Ministry provider or funded services
- Employees who are studying in a programme not accredited by the New Zealand Qualifications Authority (NZQA) or an Industry Training Organisation (ITO)
- Employees already in a sponsored study programme are excluded if they are part of the Māori Provider Development Scheme (MPDS), receive a MOH Hauora Scholarship or are participating in another HWNZ funded programme
- Mental health employees, as separate funding is available
- Mental health and addictions training programmes

HWNZ Hauora Māori funding covers reimbursements for:

- Tuition fees (actual costs/fees) that are charged
- Cultural supervision or support that supports the trainee to work according to the values, protocols and practices of Māori culture
- Travel subsidy (actual costs) for trainees who are required to travel further than 100km by road one way from their usual place of work to the agreed training programme location
- Accommodation subsidy up to a maximum of \$100.00 per night where trainees are expected to travel to the training location
- Course related resources for actual costs of course related resources, up to a maximum of \$300.00 per trainee (pro-rata basis)

Further information on eligibility and courses relevant to your existing role or relevance to your career aspirations is available from the NMDHB Hauora Māori programme co-ordinator Melissa Cragg [melissa.cragg@nmdhb.govt.nz](mailto:melissa.cragg@nmdhb.govt.nz) ph: 0274830128.  
Assistance is also available for completing application forms.

Applications:

Complete the application form (including endorsement and declaration) and send with your CV and other documentation by end of December early January to the co-ordinator (see contact details below).

For second semester applications please send by June, early July or as soon as you have enrolled for second semester.

*For further information OR assistance about this application or training programmes please contact:*

NMDHB HWNZ Hauora Māori Training Programmes Co-ordinator

HWNZ Hauora Māori Training Programmes Co-ordinator  
Nelson Marlborough District Health Board  
Private Bag 18  
Nelson Mail Centre 7042

Phone: 027 4830128

e-mail: [melissa.cragg@nmdhb.govt.nz](mailto:melissa.cragg@nmdhb.govt.nz)

# Application Form - NMDHB

## Hauora Maori Training Programme Application 2019

### INSTRUCTIONS

All sections of the application must be completed and all requested documents (block 7) attached to ensure your application is given the best consideration possible. Incomplete applications will be returned for completion and must be returned by the closing date.

### 1. Personal Details – *these details are required by MOH*

a) Mr  Mrs  Miss  Ms

b) Last Name: \_\_\_\_\_

c) First Names: \_\_\_\_\_

d) Home Postal Address \_\_\_\_\_  
\_\_\_\_\_

e) Phone home: \_\_\_\_\_ cell phone: \_\_\_\_\_

f) Work e-mail: \_\_\_\_\_

g) Home e-mail: \_\_\_\_\_

h) Date of birth:    /    /    (dd/mm/yyyy)

i) Ethnicity - Māori:

Iwi .....

Hapu .....

Tongan

Cook Island Māori

Tokelauan

Fijian

Niuean

Samoan

NZ European/Pakeha

Other Pacific Island Groups

Indian

Chinese

Other

## 2. Employment Details – complete *either 2a or 2b*

### 2a. NMDHB Provider Service Employees Complete - DHB Hospital and Regional Services

- a) Ward/Dept/Unit Address: \_\_\_\_\_  
\_\_\_\_\_ Wk ph ext \_\_\_\_\_
- b) Employee Number \_\_\_\_\_
- c) Current Role/Job \_\_\_\_\_
- d) Hours of work per week \_\_\_\_\_
- e) Length of employment at DHB \_\_\_\_\_
- f) Length of time in current role \_\_\_\_\_
- g) Managers Name: \_\_\_\_\_
- h) Managers Designation: \_\_\_\_\_
- i) Managers contact number/ext: \_\_\_\_\_
- j) Managers email: \_\_\_\_\_

### 2b. NMDHB Funded Services Employees Complete - NGOs, PHOs, Māori Health Providers, Aged Care, Hospice, Pharmacy etc.

- a) Work Address and Postal Address (if different):  
\_\_\_\_\_
- b) Employing Organisation: \_\_\_\_\_
- c) Managers Name: \_\_\_\_\_
- d) Managers contact ph numbers: \_\_\_\_\_
- e) Managers email: \_\_\_\_\_
- f) Work phone number: \_\_\_\_\_
- g) Hours of work per week: \_\_\_\_\_
- h) Current Role/Job \_\_\_\_\_
- i) Length of employment with current employer/provider: \_\_\_\_\_

### 3. Proposed course of study for 2019

Training institution: \_\_\_\_\_

Training site/city for study: \_\_\_\_\_

What is the distance between your place of work and the training institution (one way)?:

- Less than 50km     More than 50 km

How do you intend to travel to the training site?:

- Car                       Shuttle/bus/taxi                       Air travel

How many times will you need to travel during the year to your study site?: \_\_\_\_\_

Do you require accommodation when you travel?: Yes / No

Please indicate the certificate or diploma and level you are enrolling in:

- Certificate     Diploma     Graduate Certificate  
 Level 3     Level 4     Level 5     Level 6     Level 7

Name of course or programme: \_\_\_\_\_

Tuition Fees payable are: \$ \_\_\_\_\_ (GST excl) per paper/semester/course

Start date for course: \_\_\_\_\_ End date of course: \_\_\_\_\_

Semester dates for the year: \_\_\_\_\_

Length of course: \_\_\_\_\_ weeks/semesters/years

Will you complete this course in one year: Yes / No

If this course is longer than one year when do you expect to complete this qualification:

\_\_\_\_\_ (Month and Year)

Will you be attending Summer School to complete any papers: Yes / No

List the programme paper(s) you will undertake in 2017 and their points/credits value

Paper No.	Name of papers – Semester 1	Points	Start date	Finish date
Paper No.	Name of papers – Semester 2	Points	Start date	Finish date
Paper No.	Name of papers – Semester 3	Points	Start date	Finish date

Total number of papers/points/credits you already have for this course: \_\_\_\_\_

Total number of points/credits you will achieve this year: \_\_\_\_\_

Total number of points/credits for this qualification: \_\_\_\_\_

Student ID Number (if applicable): \_\_\_\_\_

**3a. Māori Support** - Funding for Cultural Supervisor/support is available where this is not provided for in your course

Do you require Cultural Supervision/Support during your training: Yes / No

Do you require assistance to find a Cultural Supervisor: Yes / No

Do you require Cultural Development during your training: Yes / No

*If you require any of the above a signed Support Plan with your Cultural Supervisor needs to be submitted to the NMDHB Hauora Māori programme co-ordinator.*

**4. Academic Record - List details of your academic qualifications (if applicable)**

Name of Training Provider	Qualification	Year(s) Attended

## **5. Career Goals**

In the space provided briefly outline your career plan, goals and aspirations and any work you have done for your community, with whanau or marae, including any voluntary or paid work. Mature students can list any informal qualifications they have obtained:

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## **6. Career Plan – Attachment 1**

As a requirement for HWNZ funding a career plan must be agreed to and signed off by your manager. A template is attached and must be submitted with this application.

**7. Endorsement of your application** - complete either 6a or 6b

**7a. NMDHB Provider Service Employees Complete** - DHB Hospital and Regional Services

Do you support this employee's application? Yes  No

Is release time needed for this trainee from work to attend the course? Yes  No

Do you agree to release the trainee from work to attend the course? Yes  No

Funding is available to backfill this position, will you require this? Yes  No   
*Further information will be sought should this be required.*

**Manager:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**7b NMDHB/MoH Funded Services Employees Complete** - NGO's, PHO's, Iwi Providers, Aged Care, Hospice etc.

Do you support this employee's application? Yes  No

Is release time needed for this trainee from work to attend the course? Yes  No

Do you agree to release the trainee from work to attend the course? Yes  No

Funding is available to backfill this position, will you require this? Yes  No   
*Further information will be sought should this be required.*

**Employer:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_



## 8. Documentation checklist

- Curriculum Vitae: 
  - Your experience including your current position
  - Your past professional development eg: qualifications, Māori, Health, community achievements and/or awards
  
- Documentation of your chosen training course (can be downloaded from internet)
  
- Career Plan

**Please do not send original documentation – photocopies only**  
**ALL these documents must be attached for your application to be considered**

## 9. Declaration

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 (and forward copy of enrolment/acceptance to the course to the DHB Hauora Māori training co-ordinator)
- complete this qualification
- keep the DHB Hauora Māori training co-ordinators informed of progress throughout the semester and notify immediately of any paper changes
- notify the training provider and DHB Hauora Māori training co-ordinator immediately if I withdraw/change from a paper and/or the programme.

I agree NMDHB 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.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Procedure:

Forward your completed application with supporting documentation to:

HWNZ Hauora Māori Training programme Co-ordinator  
Te Waka Hauora Maori Health & Vulnerable Populations  
Nelson Marlborough District Health Board  
Private Bag 18, NELSON 7010

Email: [melissa.cragg@nmdhb.govt.nz](mailto:melissa.cragg@nmdhb.govt.nz)

# HAUORA Māori Fund - HWNZ Career Plan

**Date:**

**Name:**

**Current Position:**

**Employer:**

## Part 1: Knowing Yourself

The first step in planning your career is evaluating and understanding your aspirations; strengths; interests; drivers and other influences.

Outline your view of yourself and strengths in preparation for taking up study towards the career you want for yourself.

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For an objective assessment, seek guidance from others as well. A discussion regarding your career aspirations, strengths and development needs during a performance review is regarded as a minimum. Informal discussions throughout the year with various people are encouraged.

Who have you discussed your career with?

- Manager
  - Professional Leader
  - Professional/clinical Supervisor
  - Educator/Tutor (at tertiary institution)
  - Mentor
  - Career Development professional
  - Other (please state) \_\_\_\_\_
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**Part 2: Career goals**

Identify your career goals.

**1<sup>st</sup> Goal**

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**2<sup>nd</sup> Goal**

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How do these career goals fit with your current role, and/or what is the purpose/end goal for you in undertaking training?

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**Part 3: Training options**

Research the training options and career pathways that are available for you to pursue your career choice?

Consider the suitability of each option and decide (with the assistance of the person you report to) which one is the best match to your aspirations and workforce needs.

Before making the decision, consider also:

- Commitments outside of work
- The level of involvement required
- What are the perceived barriers/obstacles and how can they be overcome
- Which of my options responds best to my employer and workforce needs?

**Career choice - option 1:** \_\_\_\_\_

**Prerequisites and requirements to achieve this option:**

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**Qualification required for this career:** \_\_\_\_\_

**Career choice - option 2:** \_\_\_\_\_

**Prerequisites and requirements to achieve this option:**

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**Qualification required for this career:** \_\_\_\_\_

**Career choice - option 3:** \_\_\_\_\_

**Prerequisites and requirements to achieve this option:**

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**Qualification required for this career:** \_\_\_\_\_



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**Part 4: Outcome**

In order to achieve your goals, you need to have an agreed course of action. You and your manager need to have a clear understanding of what steps you will be taking, the commitment needed by both you and your manager and relevant timeframes.

Through your self assessment you have identified the career or qualification you want to pursue. List below the qualification you require for your career choices in order of preference.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If you are able to answer the following questions, please complete where possible.

<b>Starting date /year for training</b>	
<b>Length of study/course</b>	
<b>Institution for training</b>	
<b>Qualification being sought</b>	
<b>Financial support required</b>	
<b>Amount of leave time from work</b>	
<b>Leave type agreed to</b>	

**Manager/Supervisor sign-off** \_\_\_\_\_

Name:

Title:

Department:

Date:

**Employee/trainee sign off** \_\_\_\_\_

Name:

Title:

Department:

Date:

*This career plan may be reviewed upon acceptance to the preferred training institution; alternatively, the career plan may be reviewed mid way through the training year.*