



# Health Workforce New Zealand (HWNZ) Unregulated Hauora Māori Training Funding 2020

The Taranaki DHB is pleased to announce the opportunity for people who work in the non-regulated Māori health and disability workforce to apply for funding to obtain a formal qualification.

- The qualification must be relevant to your job or future health goals in providing health and disability services to Māori.
- To qualify you must be employed by the Taranaki DHB or by a Taranaki DHB/Ministry of Health funded organisation such as Māori Providers, other NGO providers, PHO, aged care facilities or hospice, etc.
- Further information on eligibility and application forms are available from Cordelia Parkes, Te Pa Harakeke, Taranaki DHB, phone 753 7777 extension 8826.
- Applications will be processed on receipt but they will not be considered retrospectively, i.e. the application and approval needs to be obtained prior to commencement of studies.
- Application forms are also accessible from the Taranaki DHB intranet or website [www.tdhb.org.nz](http://www.tdhb.org.nz)

**Funding** for the HWNZ Hauora Māori Training fund includes course tuition fees, cultural support and other funding avenues to help taura on their learning journey, up to a maximum of \$5,995.

**Travel** subsidy may be available for actual travel costs, for trainees who are required to travel further than 50km one way from the usual place of work to the agreed training programme location.

**Accommodation** subsidy may be available for actual trainee costs for accommodation required at the agreed training programme location of up to \$100/night.

- Applications are open for 2020
- Confirm placement in tertiary institutions for 2020
- Supervision support is available.
- Expenses reimbursements are available
- Contact me if you have any questions.

**Cordelia Parkes**  
HWNZ Coordinator  
Te Pa Harakeke (Māori Health Unit)

**Phone: 06 Ph: 753 7777 ext: 8826**  
**Cell: 027 555 6602**  
**Fax: 06 753 8634**  
**Email: [cordelia.parkes@tdhb.org.nz](mailto:cordelia.parkes@tdhb.org.nz)**



# Health Workforce New Zealand (HWNZ)

## NON-REGULATED MAORI HEALTH AND DISABILITY WORKFORCE

### Health Workforce New Zealand (HWNZ)

#### FUNDING APPLICATION

This form is to be used for Levels 3 to 7 Certificate, Diploma or Graduate Certificate

Applications for HWNZ funding are now being accepted.

All successful applicants will be notified in writing.

#### PERSONAL DETAILS

I understand that I need to complete all details below or my application will be considered incomplete

First name(s): .....

Surname: .....

Preferred name: .....

Email address: (This is our preferred way of communicating with you) .....

Work postal address: .....

Work phone: ..... Extension (if app): .....

Mobile phone: .....

Home phone: .....

Home address: .....

Tertiary Institution and course requested to attend: .....

Health Area:  Aged Care  Primary Care  Rehabilitation  Other

#### COMPLETE IF EMPLOYED BY TARANAKI DHB

Job title: .....

Based at:  Taranaki Base Hospital  Hawera Hospital  Other

Area: Eg: Engineering, Outpatients, Health Promotion

Employed for: Years: ..... Months: .....

Employment type:  Permanent  Temporary  Permanent Casual  Casual

FTE: .....

#### LINE MANAGER

Name: .....

Designation: .....

Extension: .....

## COMPLETE IF NOT EMPLOYED BY TARANAKI DHB

Job title: .....

Current employing organisation: .....

Employer's postal address: .....

Employed for:      Years: .....      Months: .....

Employment type:     Permanent       Temporary       Permanent Casual       Casual

FTE: .....

### LINE MANAGER / EMPLOYER CONTACT DETAILS *(Whoever signs your application)*

Name: .....

Job title: .....

Phone: .....

Email: .....

Postal address: .....

## STUDY IN 2020

Please read and tick

I understand that I need to provide a finalised plan of study with paper names and numbers, plus qualification sought as outlined below or my application will be considered incomplete.

I understand that HWNZ applications are processed annually and I will need to apply for funding for both semesters in 2020 with this application.

Paper no	Tick if enrolling	Paper name <i>(Enter 2020 papers only)</i>	Qualification Level	Paper is run <i>(locally / online / away)</i>	Tertiary provider <i>(TWOR / TWOA / WITT / Tipu Ora / Mauri Ora)</i>	Fee <i>Put paper fee only, not additional administration fees. Use 2019 figures if 2020 figures not yet available.</i>

What are the start and end dates of these papers? .....

In 2020 what qualification are you working towards?     Certificate       Diploma       Graduate Certificate

What is your qualification specialty?       Hauora Maori       Other

Will you begin this qualification in 2020?     Yes     No    If NO, when did you begin?    Year: .....

Will you complete this qualification in 2020?     Yes     No    If YES, which semester? .....

Will you need to travel to attend classes?     Yes     No    If YES, what are the total kilometres between work and class? ..... *(Estimate)*

Will you require accommodation?       Yes     No    If YES, how many nights will you be away? .....

What is the estimated cost of these nights away?    \$.....

## STUDY HISTORY (if applicable)

Please read and tick

I understand that I need to provide details of my past studies

I already hold a qualification/s     Yes     No    If YES, provide details below, if NO go to next section below

Qualification held    Year gained .....    Tertiary provider .....

Qualification held    Year gained .....    Tertiary provider .....

I have already completed papers but have not achieved a Certificate, Diploma or Graduate Certificate qualification     Yes     No

If YES please detail papers below, if NO go to next page

Paper name	Year studied	Result	Tertiary provider

**OTHER FUNDING APPLIED FOR**

Please read and tick

I understand that I need to provide details of other funding requested for my 2020 papers that I am seeking HWNZ funding for. If the other funding is successful this could reduce the level of funding I receive from HWNZ. Failure to complete this section will render my application incomplete.

I have requested assistance from other funding streams  Yes  No If YES provide details below, if NO go to next section below

Name of funding source ..... \$..... To fund

Was funding received? \$..... received \$..... To fund

**INFORMATION REQUIRED BY HWNZ**

Please read and tick

I understand that I need to provide all of the following information or my application will be considered incomplete.

This information is required from all applicants by HWNZ, your information will remain confidential and will not be used for any other purpose.

Are you a NZ Citizen?  Yes  No If NO do you hold a NZ Residency permit?  Yes  No

PC information Health practitioner registration no. Full name on APC

Date of birth: ..... Gender:  Female  Male

Ethnicity Please tick one of the following options

- NZ European/Pakeha
- NZ Maori
- Other

**CONFIRMATION OF WHAKAPAPA LINKS AND/OR CULTURAL LINKS WITH TE AO MAORI AND MAORI COMMUNITIES**

Please read and tick

I understand the need to demonstrate whakapapa and/ or cultural links to te ao Maori and to Maori communities

**Ko Wai Au?**

- Iwi Affiliation .....
- Hapu Affiliation .....
- Other cultural linkages .....
- Linkages to Maori communities .....

## CONFIRMATION OF UNDERSTANDING OF FUNDING STRUCTURE

Please read and tick

I understand the funding structures indicated below and commitment required from me

		HWNZ FUNDING	YOUR COSTS
<p><b>FEES</b></p> <p>Tuition fees are the fees that are charged by the training provider for the cost of the trainee attending the programme of study.</p>		By agreement.	Dependant upon the course of study you are entering, you may be required to contribute to the cost of your fees.
<p><b>TRAVEL</b></p> <p>Travel subsidy is for actual trainee costs, for trainees who are required to travel further than 50kms by road one way from the usual place of work to the training programme location.</p>	If you live over 50 km from the training venue - Please specify	To be confirmed, the aim being to ensure travel is not a barrier to you undertaking the study.	See notes in first column. Please check to see how often you will have to travel. Funding is available for travel to nearest available course of study e.g. if course is available in New Plymouth travel may not be paid to attend the same course in Hamilton or Wellington You may need to cover some of your travel costs.
<p><b>ACCOMMODATION</b></p> <p>Accommodation subsidy is for actual trainee costs for accommodation required at the agreed training location.</p>		To be confirmed, the aim being to ensure the cost of travel and accommodation is not a barrier to you undertaking the study.	See notes in first column. Please check to see how many nights you will need accommodation. You may need to cover some of these costs yourself so please minimise costs.
<p><b>CULTURAL SUPERVISION</b></p>		Cultural supervision is the provision by an appropriately qualified individual, of coaching and mentoring to support the trainee to meet the cultural requirements of the training programme.	Please be specific about the type and frequency of cultural supervision required a signed copy of what will be offered and budget is required.

### PAYMENT AND REIMBURSEMENT OF FEES/TRAVEL/ACCOMMODATION

#### Applicants from Taranaki DHB

**Your fees** will be paid directly to your training provider on production by you, of their tax invoice.

**Travel and accommodation** will be reimbursed/paid as negotiated to ensure you can attend training. Confirmation of enrolment is required. You must submit your claim form to Te Pa Harakeke Hauora so your HWNZ funding portion can be paid to you in your next payroll run.

**Cultural supervision** will be arranged by agreement depending on the nature of the supervision required.

#### Applicants from non Taranaki DHB organisations

**Your fees** will be paid directly to your manager on receipt of a tax invoice. If your training provider is an existing creditor of Taranaki DHB, your fees can be paid directly to your training provider on production by you, of their tax invoice. Confirmation of enrolment is required.

**Travel and accommodation funds** will be paid directly to your manager on receipt of a tax invoice. GST does not apply to Travel Assistance as this grant is a reimbursement only.

You must submit your claim form to Te Pa Harakeke Hauora, Taranaki DHB so your HWNZ funding portion can be paid to you on the 20th of the month following receipt.

**Cultural supervision** will be arranged by agreement depending on the nature of the supervision required.

**IMPORTANT - PLEASE** Taranaki DHB reserves the right to alter the payment arrangements if necessary. Every endeavour will be made to ensure this does not unduly affect your ability to undertake the training.

## INFORMATION TO BE INCLUDED WITH MY APPLICATION

Please read and tick

I understand that I need to attach copies of each of the following items or my application will be considered incomplete:

A copy of the tertiary provider flyer or internet print out of the paper/s you are studying in 2020 - to include course details and fees (where possible using 2020 info, otherwise 2019 details are acceptable).

## CAREER AND DEVELOPMENT PLAN STAFF

The career planning cycle involves four steps, italicised below: *knowing yourself, explore possibilities, make choices, make it happen*. Refer to the Health Workforce New Zealand website for further information related to health careers <http://www.healthworkforce.govt.nz/health-careers>

This career and development plan is attached to the annual performance review, or included within other review documents, but transferable with each review, or year to year. The employee can choose to transfer the career development plan to another DHB.

Employee: *knowing yourself* assessment <http://www.healthworkforce.govt.nz/health-careers/career-planning/maori-health> completed if required by the employee. Optional to list strengths, skills, values and interests in the goal below.

Employee and manager/clinician. Before documenting the Career and Development Plan the employee and manager/ clinician *explore possibilities* and *make choices*. Discuss perceived barriers, work life balance, level of involvement/ commitment, and other considerations that may affect the goal or plan.

Career Development Plan: make it happen		
Long term goal (write career development goal here)	How will I achieve my career development goal? Objectives can include face to face or e-courses, on the job experience, coaching or mentoring.	Objectives met, and/ or review needed
	<b>Short term (6-12 months)</b>	
	<b>Medium term (objective specifies the time line)</b>	
	<b>Longer term (objective specifies the time line)</b>	

Name: ..... Position: .....  
 Signature: ..... Date: .....  
 Manager: ..... Position: .....  
 Signature: ..... Date: .....

**CULTURAL SUPPORT**

If you are applying for cultural supervision please state the name, location and qualification of the person you will get to supervise you: (Please be aware we will require a timeline budget and details of what is being delivered at each supervision session, how often will you meet with your supervisor and how long will you meet for (e.g. 1 hour per week over 12 weeks)?)

**Supervisors details:**

Name: .....  
 Location: .....  
 Qualification: .....  
 Number of supervisors sessions: .....  
 Cost per session: .....  
 Dates and times: .....  
 What will be covered at each session? .....  
 Supervisors signature: .....

**ENROLMENT AT MY TERTIARY PROVIDER**

**I understand that it is my personal responsibility to enrol with my tertiary provider, not Taranaki DHB's responsibility.**

**I understand that it is my responsibility to ascertain study day dates and course requirements from my tertiary provider's course material or course co-ordinator.**

**MANAGER'S SECTION**

**Your manager/employer to complete:**

- Is this study relevant to the learning needs/career plan of the staff member?  Yes  No
- Is this study consistent with identified priorities and service goals/direction for the organisation?  Yes  No
- Does this individual contribute to the organisation (e.g. resource role, protocol development, etc)  Yes  No
- Do you support the applicant to undertake this programme/paper(s) and their release for study days?  Yes  No
- Please confirm that you would not require the employee to take Annual Leave to undertake this study in the event that the training programme is approved for HWNZ funding.  Yes  No

Comment, justification and recommendation: .....  
 Manager's name: .....  
 Manager's signature: ..... Date: .....

**BY SIGNING THIS APPLICATION I AGREE THAT:**

**Please read and tick all of the following boxes, or your application will be considered incomplete:**

- I understand that by submitting this completed application this does not guarantee I will receive funding.
- I accept that HWNZ requires a career plan and will submit this as part of my application.
- I accept and understand that HWNZ funding supports my financial cost up to a certain value and that I may have to pay part of the course costs myself.
- I accept that I will be required to pay for any course materials required.
- I am also aware that HWNZ funding does not pay for kai and that this is part of mine or my employer's contribution while I am away training.
- If I don't complete the course (for reasons other than special circumstances) I may need to repay any funding received in full, to Taranaki DHB.

If I need to withdraw from a paper/study I will make every effort to access a full refund prior to the tertiary institution withdrawal cut off date (refund cut off is usually within two weeks of commencement date).

If I need to withdraw from a paper/study it is my responsibility to advise my training provider and Taranaki DHB without delay.

**I will provide a copy of my official results at the end of each semester without delay to:**

**Cordelia Parkes**

**HWNZ Coordinator**

Taranaki DHB may seek confirmation of course completion and grade from the tertiary provider involved.

I will contact the Taranaki HWNZ Programme Coordinator immediately if any changes occur to my enrolment (e.g. withdrawal, cancellation of paper).

I agree to share information gained from my course of study with other Maori people/groups if requested.

I agree to complete a quality improvement notification related to the study I have undertaken.

I agree to my information being shared with HWNZ as part of a HWNZ audit of Taranaki DHB's funding processes.

I confirm that I have completed this application myself.

Applicant's name: .....

Applicant's signature: .....

Date: .....

<b>Criteria check list HWNZ staff use only</b>	Application complete	Y / N
	Career plan submitted	Y / N
	Course is Level 3 – 7	Y / N
	Course part of a NZQA qualification	Y / N
	Applicant is Maori/ or has cultural links to te ao Maori and to Maori communities	Y / N
	Applicant requires cultural support	Y / N
	Date to approving committee	
	Application assessed	APPROVED / DECLINED
	Date confirmation email sent	

**PLEASE REFER TO THE CHECKLIST BELOW BEFORE SENDING YOUR APPLICATION**

**CHECKLIST**

**Before sending this form to us, please ensure that you have:**

Attached a photocopy of your course information (e.g. course flyer or tertiary provider information), including:

- Course number and full name of paper
- Number of study days per paper for each semester
- Dates of study days per paper
- Verified cost of paper/s being undertaken
- Attached your letter supporting your application
- Your career plan has been completed (page 6)
- Completed all details on pages 2-5
- Signed this form as the applicant (pages 7 & 8)
- Obtained your manager's signature and support for the days off required (page 7)
- Clearly understood the commitment you need to make to study
- Taken a copy of your application for your records

**PLEASE CHECK THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY.**



**For enquiries or to return COMPLETED APPLICATION forms contact:**

Cordelia Parkes

Health Workforce Hauora Māori Training Fund 2020

PA to Chief Advisor Maori Health

Te Roopu Pa Harakeke Hauora

Māori Health Unit

Taranaki District Health Board

Private Bag 2017

New Plymouth 4342

Ph: 753 7777 ext: 8826

E: Cordelia.Parkes@tdhb.org.nz

**What do I do next?**

First time enrolments

Complete your application for admission to your training provider and send off promptly

Returning students

Contact your training provider directly

If you require an application form to fill in contact your training provider or locate one online.