



NGĀ POU MANA

MĀORI ALLIED HEALTH
PROFESSIONALS OF AOTEAROA

Personal Details

Name of Applicant:		
Date of Birth:		Gender: Male <input type="radio"/> Female <input type="radio"/>
Email address:		
Postal address:		
Contact number(s):	Day:	Cell:
Alternative contact Name:		Contact number:
Relationship to applicant:		

Ngā Taonga Mātauranga o Ngā Pou Mana Awards

I am applying for:

1. Ngā Pou Mana Kete Tuauri for Undergraduates \$2,000
2. Ngā Pou Mana Kete Aronui for Postgraduates \$2,500
3. Ngā Pou Mana Mātauranga Māori Award \$3,000

Whakapapa

Iwi:	Hapū:	Marae:

(If you know only part of your whakapapa, give the details that are known to you. If you have more Iwi/Hapū/Marae that you would like to add, please attach separately).

Proof of Enrolment

Professional Registration number: (if applicable)	
Student ID Number (if applicable):	
I am currently/will be studying at:	
Please state year(s) of study:	

Please give details of the course you are studying (name and level):

Full Time Part Time how many hours? _____

Evidence of enrolment in the course of study (please attach if applicable):

Evidence of course fees - verified stamp or invoice (please attach if applicable):

Evidence of Academic Records (please attach if applicable):

Proof of Work (if applicable)

Name of workplace:	
Address:	
Role:	
Contact Person:	
Phone number:	
Email:	

Please detail what the money would be used for if you were to be awarded the scholarship:

Item	Amount
Total	\$

If you have already received funding for your studies via a scholarship or award, please list them and the amount you received:

Scholarship/Award	Year Received	Amount
Total		\$

Essay: Please choose ONE of the topics below and attach a 500 word statement (in Te Reo Māori or English) to your application form.

Explain how you connect to whānau, hapū, iwi and other Māori health organisations and how this will benefit Māori.	Yes <input type="radio"/>	No <input type="radio"/>
Explain what Māori health means to you and how you are able to develop and express yourself as Māori within your community.	Yes <input type="radio"/>	No <input type="radio"/>

Printed name:	
Signature:	
Date:	

PLEASE NOTE:

Eligibility

- To be eligible for the **Undergraduate and Postgraduate** awards, you must be working towards an allied health career pathway, or be an allied health professional, and be a Māori member of Ngā Pou Mana Māori Allied Health Professionals. You must be currently studying at an **Undergraduate or Postgraduate Level**.
- To be eligible for the **Mātauranga Māori** award, you must be a Māori member of Ngā Pou Mana Māori Allied Health Professionals, and be working or studying in **Māori and/or health related** field/s to increase knowledge in **Mātauranga Māori**.
- It is at the discretion of the Ngā Pou Mana award panel to determine what professions or roles can be considered for the **Mātauranga Māori** award, which can include, but are not limited to; cultural advisors, therapy assistants, whānau ora navigators, rongoa Māori practitioners and technician assistants.
- You must be of **Māori descent** and be able to provide details of your whakapapa.

Not Eligible

- **Medical, Pharmacy, Nursing** students and professionals cannot apply for the Ngā Pou Mana Māori Allied Health awards (please check other scholarships including the Te Ora Medical Student Awards, Māori Pharmacy Awards, and the Māori Nurses Awards).
- People living outside of Aotearoa/New Zealand cannot apply for these awards.
- If you already receive full scholarships for your study (if your course is fully funded by scholarship), you may not be eligible for these awards.

If you have any questions, please email us at: contact.ngapoumana@gmail.com

Documentation Checklist

1. I have included COPIES of all relevant information (academic records, budget, Whakapapa, evidence of course enrolment, evidence of course fees) and attached to my application	
2. I understand that if the supporting documentation is NOT attached to the application the panel may not consider my application.	
3. I have ensured that I have answered ALL the questions and have ticked the box against the type of scholarship I wish to be considered for.	
4. Evidence of enrolment in the course of study.	
5. A copy of your Student ID (if applicable)	
6. Have you completed each question/criteria in detail?	
7. Attach a copy of your statement.	
8. Attach ONE copy of my ID (eg, Passport, Driver's License, Birth Certificate, Student ID)	
9. Attach an image/photo of me	

Image Release

If you are successful in your application, PHARMAC and Ngā Pou Mana Māori Allied Health Professionals of Aotearoa may wish to use your image and details of your profile/application in communications.

I understand the photograph included with my application may be used by PHARMAC and Ngā Pou Mana across different media platforms.

I consent to having my image used and details about the Award in communications from PHARMAC and Ngā Pou Mana Māori Allied Health Professionals of Aotearoa.

Yes

No

Name

Signature
