



NGĀ POU MANA

www.ngapoumana.org.nz

1. Personal Details

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

2. Ngā Taonga Mātauranga o Ngā Pou Mana Awards

I am applying for:

1. Ngā Pou Mana Kete Tuauri - \$1,000
for Whānau and Community
2. Ngā Pou Mana Kete Aronui - \$1,500
for students studying at any level (allied health pathway)
3. Ngā Pou Mana Mātauranga Māori - \$2,000
for Te Ao Māori

3. Whakapapa

Marae	Hapū/Iwi:

(If you know only part of your whakapapa, give the details that are known to you. Attach further information as necessary).

4. Proof of Enrolment (if applicable)

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 if part time how many hours weekly? _____

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

Evidence of Academic Records - from previous year if current year unavailable (please attach):

5. Proof of Mahi (if applicable)

Name of workplace:	
Role:	
Address:	
Reference contact:	
Phone number:	
Email:	

Please detail what the award would be used for:

Detail/item	Amount
Total	\$

Attach further information on a separate page as necessary

Please list current and previous voluntary work

Detail	Year

Attach further information on a separate page as necessary

List previous awards and scholarships received and other scholarships applied for this year

Scholarship/Award	Year Received	Amount
Total		\$

Attach further information on a separate page as necessary

6. Profile

Please provide a personal profile 150-300 words; can include whakapapa, skills, knowledge, experience, areas of growth and development, future pathway and connection to Ngā Pou Mana. Attach further information on a separate page as necessary.

7. Referees/References

Name of personal referee #1	
Phone number:	
Hours of contact:	
Email:	
Name of personal referee #2	
Phone number:	
Hours of contact:	
Email:	

8. Statement

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

Topic	Selection
What does the values of tika, pono and aroha mean to you as a kaimahi or kaitautoko (worker or student/volunteer) for hauora?	<input type="radio"/>
What is unique about Māori allied health? What does Māori allied health mean to you?	<input type="radio"/>
Explain how you connect to whānau, hapū, iwi and/or other Māori health organisations and how this will benefit Māori.	<input type="radio"/>

Printed name:	
Signature:	
Date:	

Award Ceremony

If you are successful in your application we would like you to attend our Hui ā Tau (annual conference) in Tauranga in September. Please detail if you have any questions, barriers or concerns regarding this.

Image Release

If you are successful in your application, PHARMAC and Ngā Pou Mana 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 my image being used and details about the Award in communications from PHARMAC and Ngā Pou Mana

Ae/Yes Kao/No

Printed Name:

Signature:

Date:

PLEASE NOTE:

Eligibility

- You must be a **registered** member of Ngā Pou Mana (apply online on our website).
- You must be of **Māori descent** and be able to provide some details of your whakapapa.
- **Category One: Community kaimahi and/or volunteers.** This award is open to those working in the community (voluntary or paid) making a positive change in the area of hauora.
- **Category Two: Student Award.** This award is open to those studying at any level (certificate, diploma, degree, postgraduate, masters, PhD or doctorate) in an allied health pathway.
- **Category Three: Mātauranga Māori.** This award is open to any Māori Ngā Pou Mana members, who are entering into study or are in study to build their understanding of Te Ao Māori. Students do not have to be studying in an allied health pathway.
- *It is at the discretion of the Ngā Pou Mana award panel to determine what kaimahi or roles can be considered for the **Category Three: Mātauranga Māori** award, which can include, but are not limited to: cultural advisors, therapy assistants, whānau ora navigators, rongoā Māori practitioners and technician assistants.*

Not Eligible

- **Medical, Pharmacy, Nursing** students and professionals cannot apply for the Ngā Pou Mana 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, you may not be eligible for these awards.
- Incomplete form (please refer to checklist that ALL applicable sections have been completed).

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

Applications Close: Sunday 1st of September

Forward completed application forms via post or email to:

Ngā Pou Mana
41 Blueberry Grove
Timberlea
Upper Hutt
Wellington 5018

Or Email: contact.ngapoumana@gmail.com

Documentation Checklist

1. I have included copies of ALL relevant information (whakapapa, evidence of course enrolment, academic records) 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 applicable questions and have ticked the box against the type of scholarship I wish to be considered for.	
4. Attach a copy of your statement AND profile details.	
5. Provided TWO referee's contact details	
6. Attach ONE copy of my ID (eg, Passport, Driver's License, Birth Certificate, Student ID)	
7. Attached an image/photo of me.	
8. Signed the application on page 4 AND the image release page 5.	