



## **HEALTH WORK FORCE NEW ZEALAND (HWFNZ) HAUORA MAORI TRAINING PROGRAMMES FOR 2016**

MidCentral District Health Board is pleased to announce the Health Work Force New Zealand (HWFNZ) Hauora Maori Training fund for 2016. This funding is for Maori staff who work in the Health and Disability sector.

Applicants must show a commitment to developing formal competencies in their current roles, and developing their potential to move into other health sector roles. You are encouraged to apply to complete a clinically and / or culturally focused NZQA accredited Certificate or Diploma (level 2 to level 7 of the National Qualifications Framework).

This funding support is from the Health Workforce New Zealand (HWFNZ) and can be used by Maori health workers to enrol on an accredited course, covering tuition costs, some relief staff hours, cultural support, mentoring and travel and accommodation. There is a wide range of courses you can consider from **certificate (level 4)**, **diploma (level 5)** or **graduate (level 6-7)**.

A selection process will be undertaken. The eligibility criteria are set out below. Please note that Registered Nurses and Medical Professional are **NOT** eligible as they can access a different pool of workforce development funding through HWNZ.

### **WHO IS ELIGIBLE?**

- Those currently employed by a DHB health and disability service, or by a health and disability service that is funded by the District Health Board or the Ministry of Health.
- Demonstrate a commitment to and/or competence in Maori health and/or disability studies.
- Have whakapapa and/or cultural links with Te Ao Maori and Maori communities.
- Be a New Zealand citizen or hold a New Zealand residency permit as conferred by the New Zealand Immigration Service.
- Have evidence of support by their current employer to meet the training requirements.
- Meet the entry criteria required by the training provider.
- Enrolled/Enrolling in a nationally recognised level 3-7 qualification (**Certificate, Diploma or a Graduate level**) and is a NZQA accredited programme.
- Maori staff member employed working no less than 0.4 FTE - (16 hours per week average).
- Relevance of your academic plan to assist you to achieve your career aspirations.

### **ENDORSEMENT FROM**

- **MDHB Provider Services:** Manager/Charge nurse and Team Director/Leader, Kaumatua.
- **MDHB/MoH Funded Organisations:** Manager/Practice Manager, Clinical Leader, GP.

### **EXCLUSIONS**

- Trainees who receive scholarships or other funding from the Ministry of Health that covers any of the same components as this specification.
- Registered Nurses and Medical Professional.
- Previously funded CTA or HWNZ Hauora Maori students
- Non-MidCentral DHB /MoH provider or funded services.
- Maori Staff who are studying in a programme **not approved** by NZQA.
- Maori staff working outside of the MidCentral DHB area.
- Maori Staff already in a sponsored study programme in 2015.
- Mental Health workers, nurses & Allied health professional – (separate funding is available).
- Part time study will be funded on a pro-rata basis, where the trainee meets or all other eligibility criteria.
- Degree and Masters programmes are **excluded**.

### **FUNDING MAY COVER** (UP TO A LIMIT):-

- Course Fees
- Accommodation subsidy for costs of accommodation required at the agreed training programme location.
- Clinical Release for the cost of replacing trainees at their workplace.
- Clinical Supervision for the provision of coaching and mentoring to support the trainee to meet the requirements of the training programme.

**NOTE - applicants will be asked to submit a mentoring/cultural plan as part of the application. MidCentral DHB will deliver the mentoring programme.**

Because the funding and number of training programmes available are **limited**, we will be using an assessment process to allocate scholarships which will be managed by the MidCentral DHB HWFNZ panel. You are invited to contact us immediately to begin this process. If you wish to apply for this and need support or further information please contact the HWFNZ Programme Coordinator on (06) 350 8302.

MidCentral DHB HWFNZ panel will only consider applications that enclose all documentation. The panels' decision is final; no further correspondence will be entered into.

### **APPLICANTS MUST HAVE:**

- Application completed
- Manager Endorsement
- Declaration

Post all required documentation to the address below.

**Doug Edwards** – (Manager Maori Workforce Development) Board Office, Gate 2B Heretaunga Street

P.O. Box 2056, Palmerston North

Fax 350 8926

[doug.edwards@midcentraldhb.govt.nz](mailto:doug.edwards@midcentraldhb.govt.nz)



## HEALTH WORK FORCE NEW ZEALAND (HWFNZ) HAUORA MAORI TRAINING PROGRAMMES FOR 2016

### APPLICATION FORM

Applications close on February 2016

#### INSTRUCTIONS

All sections of the application must be completed and all requested documents attached to ensure your application is given an equal opportunity. Incomplete applications will be returned for completion and must be returned by the closing date:

#### Personal Details

a) Mr

Mrs

Miss

Ms

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

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

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

e) Home Phone: \_\_\_\_\_

f) Cell number: \_\_\_\_\_

g) Work email: \_\_\_\_\_

h) Home email: \_\_\_\_\_

i) Date of Birth: (dd/mm/yyyy) \_\_\_\_\_

#### Whakapapa

a) What is your Iwi? \_\_\_\_\_

b) What is your Hapū? \_\_\_\_\_

c) What is the name of your Marae? \_\_\_\_\_

d) Whakapapa: Please give details that are known to you:

Koroua: \_\_\_\_\_

Kuia: \_\_\_\_\_

Koroua: \_\_\_\_\_

Kuia: \_\_\_\_\_

Matua Tane: \_\_\_\_\_

Matua Wahine: \_\_\_\_\_

Kaitono: \_\_\_\_\_

### Ethnicity

- |  |   |   |
|--|---|---|
| <input type="radio"/> Māori              | <input type="radio"/> Other European          | <input type="radio"/> Fijian                      |
| <input type="radio"/> Other              | <input type="radio"/> Latin American/Hispanic | <input type="radio"/> Other Pacific Island groups |
| <input type="radio"/> Tokelauan          | <input type="radio"/> African                 | <input type="radio"/> Southeast Asian             |
| <input type="radio"/> Niuean             | <input type="radio"/> Samoan                  | <input type="radio"/> Chinese                     |
| <input type="radio"/> NZ European/Pakeha | <input type="radio"/> Tongan                  | <input type="radio"/> Other Asian                 |
| <input type="radio"/> Indian             | <input type="radio"/> Cook Island Maori       | <input type="radio"/> Middle Eastern              |

### Employment Details - please complete the relevant section

**MDHB Provider Service Complete – DHB Hospital and Regional Services**

a) Ward/ Dept/ Unit Address: \_\_\_\_\_

b) RC Number: \_\_\_\_\_

c) Work Phone ext: \_\_\_\_\_

d) Employee number: \_\_\_\_\_

e) Current role/job: \_\_\_\_\_

f) Hours of work per week: \_\_\_\_\_

g) Length of employment at MDHB: \_\_\_\_\_

h) Length of time in current ward/area? \_\_\_\_\_

**MDHB Funded Services Complete – PHO's, NGO's, Aged Care, Hospice etc**

a) Work Street and Postal Address (if different) \_\_\_\_\_

b) Employment organisation: \_\_\_\_\_

c) Work Phone number: \_\_\_\_\_

d) Hours of work per week: \_\_\_\_\_

e) Length of employment with current employer/provider: \_\_\_\_\_

# Proposed Study Programme

Location and Name of University/Wananga/Tertiary Institute you are intending to study at:

\_\_\_\_\_

Please indicate the programme you are enrolled/enrolling in:

Certificate                  Diploma                  Other                  (please circle)

Name of Course or Programme: \_\_\_\_\_

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

Less than 100km       Between 100-250km       Over 250km

Length of Course:                                  Weeks: \_\_\_\_\_

The Tuition fees are:                                  \_GST Inclusive: \_\_\_\_\_

Is this a NZQA accredited course?                  Yes                                  No

Please indicate the programme **and** level you are enrolled/enrolling in –

Certificate                   Diploma                   Graduate Certificate  
 Level 2                   Level 3                   Level 4                   Level 5                   Level 6                   Level 7

When do you expect to complete this qualification? \_\_\_\_\_ (month & year)

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

## ACADEMIC RECORD

List details of your academic qualifications (if applicable): *Please provide photocopies of your qualifications,*

NOTE: (DO NOT SEND ORIGINAL DOCUMENTS)

Name of School/Tertiary Institute -Wānanga	Qualification	Year(s) Attended

## Proposed Course of Study for 2016

List the course/programme paper(s) you will undertake and their point value

Semester 1	Semester 2		
Paper Title (e.g. Maori Health Paper for Social Workers)	Point Value (e.g. 15 points 30 points etc)	Paper Title	Point Value

### Referee:

Please provide the name and contact details for one referee who can be contacted if necessary to support your application (e.g. Kaumatua, Kuia/Koroua), head of department, school principal, JP or senior lecturer). Please advise this person that you have supplied their name in support of your application. It is NOT necessary to obtain a written statement from them.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_

## Career Goals

In the space provided, briefly outline your career plan, goals and aspirations:

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Describe any work you have done for your community, with whānau or marae, including any voluntary or paid work. Mature students can list any formal qualifications they have obtained:

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**Endorsement of your Application – complete the relevant section(s)**

**MCDHB Provider Service Complete – DHB Hospital and Regional Services**

Do you support this application for sponsorship? (Signatures required)

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

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

**Ward/Service:** \_\_\_\_\_

**Team Director/Leader:** \_\_\_\_\_

**MidCentral District Health Board/Ministry of Health funded services to complete Employees (PHO’s, NGO’s, Aged Care)**

**Manager:** \_\_\_\_\_  
(Print name)

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

## Documentation Checklist

Curriculum Vitae that:

- Briefly details your work experience including your current position and your past professional development e.g. qualifications, Māori, health, community achievements and/or awards
- Copy of your academic plan endorsed by the Tertiary Institute

**Please do not send original documentation** – photocopies only

ALL these documents must be attached for your application to be considered

## Declaration

By signing this declaration:

- I confirm that the information supplied of my application is accurate at the date of signing and the supporting documentation s attached.

I agree that I will:

- Apply for admission to the University/Wananga/Tertiary Institute – if not currently a student
- Enrol into the programmes/paper(s) stated in this application;
- Complete this qualification;
- Keep the MidCentral DHB Māori and CTA Managers informed of my progress throughout the semester and notify immediately of any changes; and
- Notify the MidCentral DHB Māori CTA manager and the University /Wananga/ Tertiary Institutes immediately if I withdraw from a paper and/or programme.

I agree MidCentral DHB can:

- Seek confirmation of enrolment and course completion from the tertiary institutes; and
- Provide the Ministry of Health – Health Workforce New Zealand (HWFNZ) with information related to this sponsorship.
- Use photographs/stories for media, website, promotions and marketing purposes.

I reserve the right to withdraw my consent at any time during or up to 7 days after photography.



I understand if I withdraw from a programme and/or fail to complete this qualification other than for reasons that MidCentral DHB considers, acting reasonably, are beyond my control I will refund all monies by MidCentral DHB. Pursuant to s5 of the Wages Protection Act I consent to MidCentral DHB deducting any monies refundable from wages or salary due to me.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Procedure

**Doug Edwards**  
**Manager Maori Workforce Development**  
**MidCentral District Health Board**  
**Maori Directorate**  
**P.O. Box 2056, Heretaunga Street**  
**Palmerston North**  
[Doug.Edwards@midcentraldhb.govt.nz](mailto:Doug.Edwards@midcentraldhb.govt.nz)

**Closing Date: February 2016**

All applicants will be notified of the outcome in May 2016

### Glossary of Terms

<b>NZQA</b>	New Zealand Qualifications Authority
<b>MoH</b>	Ministry of Health
<b>HWFNZ</b>	Health Workforce New Zealand
<b>PHO</b>	Primary Health Organisation
<b>NGO</b>	Non-Government Organisation