



2018

Te Kāhui o Taranaki Iwi

Vocational Training Grants Application

IMPORTANT - PLEASE READ BEFORE COMPLETING YOUR APPLICATION

- Vocational Training Grants applications open on the 1st February and close on the 30th April of that year
- Applicants are eligible to receive one grant in a financial year
- All applications are collated and assessed utilising the 'assessment criteria'
- At least one Parent | Guardian of the Applicant must be registered with Te Kāhui o Taranaki Iwi, and complete all Sections of this application form except Section 3
- Current Enrolment Validation in Section 3 must be completed by the New Zealand Training School | Institution at which the applicant is enrolled in 2018
- All Sections of the application must be completed. Incomplete applications will be returned to you which may delay the process and result in the application not being accepted
- Provide only copies of documents requested. No part of your application will be returned

WHAT HAPPENS IF YOUR APPLICATION IS:

Successful:

You will be notified in writing 2 weeks after the closing date. Monies will be paid into your New Zealand Training School | Institute bank account by direct credit

Unsuccessful:

You will be notified in writing within 2 weeks after the closing date. If eligible, you may apply again in 2019



SECTION 1 - APPLICATION DETAILS

APPLICANT DETAILS:

FIRST NAME/S: _____ SURNAME: _____

DATE OF BIRTH: _____ *(please attach a copy of your birth certificate)*

GENDER: M / F *(please circle)*

Are you 'registered' with Te Kāhui o Taranaki Iwi? Y | N

(if not, please complete the 'registration application form' attached and return it with this application)

PARENT | GUARDIAN:

FIRST NAME/S: _____ SURNAME: _____

DATE OF BIRTH: _____

Are you 'registered' with Te Kāhui o Taranaki Iwi? Y | N

(if not, please complete the 'registration application form' attached and return it with this application)

If yes, please complete the following details for your Te Kāhui o Taranaki Iwi whakapapa only:

TARANAKI IWI REGISTRATION NUMBER (if known): _____

POSTAL ADDRESS AND CONTACT DETAILS:

STREET | PO BOX: _____

SUBURB | TOWN: _____ POSTCODE: _____

CITY: _____ EMAIL: _____

PHONE: HOME: _____ WORK: _____

MOBILE: _____



SECTION 2 - CURRENT TRAINING SCHOOL | INSTITUTION INFORMATION

NAME OF TRAINING SCHOOL | INSTITUTE | WORK PLACE: _____

SECTION 3 - CURRENT ENROLMENT VALIDATION

TO BE COMPLETED BY THE TRAINING SCHOOL | INSTITUTE | WORK PLACE (NEW ZEALAND) WHICH YOU ARE ENROLLED | PLACED

THIS IS TO CERTIFY THAT: _____ IS ENROLLED |
PLACED AS A *(full name of applicant)*

STUDENT | APPRENTICE AT: _____ FOR YEAR: _____
(name of Training School | Institute | Work Place)

CERTIFIER'S SIGNATURE: _____

CERTIFIER'S NAME (PRINT): _____

CERTIFIER'S TITLE | POSITION: _____

DATED:

TRAINING SCHOOL | INSTITUTION (NEW ZEALAND) BANK ACCOUNT DETAILS:

(please attach a verified deposit slip or bank receipt for the school's | institution's bank account)

BANK: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

REFERENCE: _____



SECTION 4 - DECLARATION

As the parent | guardian of the applicant, I consent to:

- The information provided in this application form, being made available to Te Kāhui o Taranaki Iwi Trust, for the purpose of grant administration, decision-making, and award disbursement.
- If successful, the publication of my son | daughter's name and details of the grant he | she be awarded, together with any optional personal information including photo images | video footage which I may provide for this purpose.

I understand and accept that Te Kāhui o Taranaki Iwi Trusts decision is final and binding.

I declare that the information contained in this application is true and correct.

I agree to the above conditions in respect to this grant application.

APPLICANT NAME: _____

PARENT | GUARDIAN NAME: _____

PARENT | GUARDIAN SIGNATURE : _____

DATE: _____



APPLICANT CHECKLIST

BEFORE YOU RETURN THIS APPLICATION PLEASE CHECK EACH SECTION AND TICK THE CHECKLIST 'TICK BOXES' BELOW. INCOMPLETE APPLICATIONS WILL BE RETURNED (WHICH MAY SLOW THE PROCESS AND RESULT IN THE APPLICATION NOT BEING ACCEPTED).

	SECTION 1 - Applicant & Parent Guardian details completed
	SECTION 1 - Copy of the applicant's birth certificate
	SECTION 1 - Te Kāhui o Taranaki Iwi 'Registration Application Form' (if applicable) for Parent and Applicant
	SECTION 2 - Current Training School Institution Work Place Information
	SECTION 3 - Current Enrolment validation - completed and signed by Training School Institute Work Place provider
	SECTION 3 - Bank verified deposit slip or bank receipt attached by Training School Institute Work Place provider
	SECTION 4 - Declaration signed and dated

EMAIL OR POST THIS APPLICATION TO:

Te Kāhui o Taranaki Iwi

PO Box 929

New Plymouth Mail Centre

Email: admin@taranaki.iwi.nz or contact the office 06-7514285

Te Kāhui o Taranaki Iwi REGISTRATION APPLICATION

Applicant Details

Member Registration No: (Office use only) _____

Last Name: _____

First Names: _____ M / F

Address: _____

Maiden Names: _____

Date of Birth: _____

Email: _____

Phone (HM): _____ (WRK): _____

No. of Children: _____

Occupation: _____

Please complete this form and return to:

Te Kāhui o Taranaki Iwi
PO Box 929
Taranaki Mail Centre
New Plymouth 4310
Telephone: (06) 751 4285
Email: admin@taranaki.iwi.nz

Whānau Registration Details

Please list your children under the age of 18 years in the box below. All whānau over the age of 18 years must fill in a separate registration form.

First Name	Last Name	DOB	M/F	Relationship to Applicant	Membership Registration No: (Office use only)

(Please continue on a separate sheet if required)

Your Primary Taranaki Iwi Hapū: _____

Your Primary Taranaki Iwi Marae: _____

Private Notice Option

Tick the box if you wish to receive private notice relating to general meetings and postal ballot papers so that you may vote on elections, constitutional amendments, conversion or disposal of settlement quota. The notice will be sent to the address provided on this form.

Declaration

I HEREBY DECLARE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT

Signature: _____ Date _____

Privacy

Taranaki Iwi Trust will in accordance with the provisions of the Privacy Act 1993, make available to you upon request the personal information it holds about you and will make any appropriate corrections to that information to ensure that the information held is accurate.

FILLING OUT THIS FORM

TARANAKI WHAKAPAPA

Please complete all sections of this registration form to the best of your knowledge.

A Membership Committee will validate all applications. Confirmation of your membership will be sent to you, with your Taranaki Member Registration Number.

Where an application for registration is declined, the applicant may dispute that decision.

WHO CAN REGISTER?

- Adult members of the iwi who are descendants of a Taranaki tupuna.
- Non-adult members of the iwi by their parent or their legal guardian.

WHY REGISTER?

- To be notified of important issues and decisions affecting you.
- To receive benefits that you may be entitled to e.g. education grants or scholarships.

Te Kahui o Taranaki Trust is the mandated representative body for Taranaki Iwi

