

# TE RŪNANGA O NGĀTI MUTUNGA

## TRAINING & EMPLOYMENT GRANTS 2017

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### **IMPORTANT – PLEASE READ BEFORE COMPLETING YOUR APPLICATION**

- Applicant must be registered with Te Rūnanga o Ngāti Mutunga, and complete this application form.
- All sections of the application must be completed. Incomplete applications will be returned to you.
- Please provide only copies of documents requested. No part of your application will be returned.
- If you withdraw prior to receiving funding, you must notify Te Rūnanga o Ngāti Mutunga. Failure to do so may result in future applications being declined.

### **WHAT HAPPENS IF YOUR APPLICATION IS:**

**SUCCESSFUL:** You will be notified in writing within six weeks of receiving your application. Monies will be paid into your bank account by direct credit.

**UNSUCCESSFUL:** You will be notified in writing within six weeks of receiving your application.

### **EMAIL OR POST YOUR APPLICATION TO:**

Te Rūnanga o Ngāti Mutunga  
PO Box 32, Urenui 4349 Phone: (06) 752 3247  
Email – [office@ngatimutunga.iwi.nz](mailto:office@ngatimutunga.iwi.nz)  
[www.ngatimutunga.iwi.nz](http://www.ngatimutunga.iwi.nz)

### **ELIGIBLE FOR TRAINING & EMPLOYMENT GRANTS**

Training & Employment Grants are to assist with costs associated with obtaining or training for employment, or pre-requisites to starting employment. Examples could include compulsory medicals, first aid courses, or other requirements necessary to start employment.

These grants can be applied for at any time during the year.

### **GRANT CONDITIONS**

Applicants will be ineligible to apply for another Training & Employment Grant following a successful application.

# TE RŪNANGA O NGĀTI MUTUNGA

## TRAINING & EMPLOYMENT GRANTS

### APPLICATION FORM



#### SECTION 1 – APPLICANT DETAILS

##### APPLICANT DETAILS

FIRST NAMES \_\_\_\_\_ SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

##### NGĀTI MUTUNGA DETAILS

I AM A REGISTERED MEMBER OF TE RŪNANGA O NGĀTI MUTUNGA: **YES / NO**

- **NO**, PLEASE COMPLETE A NGĀTI MUTUNGA REGISTRATION FORM AND ATTACH TO THIS APPLICATION.

- **YES**, PLEASE COMPLETE THE FOLLOWING NGĀTI MUTUNGA DETAILS

NGĀTI MUTUNGA REGISTRATION ID NUMBER \_\_\_\_\_ (IF KNOWN)

GREAT GRANDPARENT \_\_\_\_\_ (IF KNOWN)

GRANDPARENT \_\_\_\_\_

PARENT \_\_\_\_\_

##### POSTAL ADDRESS DETAILS

STREET/POST BOX \_\_\_\_\_

SUBURB/TOWN \_\_\_\_\_

CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_

##### CONTACT NUMBERS/EMAIL

HOME \_\_\_\_\_ WORK \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

##### BANK DETAILS

**PLEASE ATTACH A VERIFIED DEPOSIT SLIP OR BANK RECEIPT FOR YOUR PERSONAL BANK ACCOUNT.**

BANK \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

## SECTION 2 – EMPLOYMENT/TRAINING DETAILS

CURRENT/NEW JOB POSITION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

WHAT QUALIFICATION/ASSISTANCE DO YOU REQUIRE?

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## SECTION 3 – SERVICE/TRAINING PROVIDER

NAME OF PROVIDER \_\_\_\_\_

**PLEASE ATTACH LETTER CONFIRMATION FROM PROVIDER**

TOTAL COST? \_\_\_\_\_

**PLEASE ATTACH CONFIRMATION OF COST FOR SERVICE/QUALIFICATION/PRE-REQUIRE**

HOW WILL THIS BENEFIT YOU AND CONTRIBUTE TO YOUR EMPLOYMENT SITUATION?

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## SECTION 4 – DECLARATION

As the applicant, I consent to:

- The information provided in this application form, being made available to Te Rūnanga o Ngāti Mutunga, for the purpose of grant administration, decision-making, and award disbursement.
- If successful, the publication of my name and details of the grant awarded, together with any optional personal information, which I may provide for this purpose.
- If successful, provide a copy of results to Te Rūnanga o Ngāti Mutunga following completion of qualification.
- When requested meet with Te Rūnanga o Ngāti Mutunga and provide a written summary (including photo's).

I understand and accept that Te Rūnanga o Ngāti Mutunga's 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 training & employment grant application.

APPLICANT NAME \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## APPLICANT CHECKLIST

**BEFORE YOU SEND US YOUR APPLICATION PLEASE CHECK EACH SECTION OF THE APPLICATION AND TICK THE APPLICATION CHECKLIST TICK BOXES BELOW. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

	<b>SECTION 1</b> – Applicant details completed and Ngati Mutunga Details
	<b>SECTION 1</b> – Ngāti Mutunga Registration Form attached (if not currently a registered member)
	<b>SECTION 1</b> – Bank verified deposit slip or bank receipt or bank statement attached
	<b>SECTION 3</b> – Confirmation of enrolment from provider attached
	<b>SECTION 3</b> – Confirmation of cost attached
	<b>SECTION 4</b> – Declaration signed and dated