



2018 EDUCATION GRANT APPLICATION

ECE

CRITERIA FOR GRANT

To apply for a Ngāti Whātua Ōrākei Grant you must be:

1. Be a Ngāti Whātua Ōrākei registered hapū member.
2. Be enrolled at an educational institute for the year.
3. Submit a completed application form with all required supporting documentation.
4. International grants will need to provide a copy of the school invoice or enrolment confirmation via a school letter.
5. If you are over 18 years of age you will need to fill out your own application form.

IMPORTANT INFORMATION

- Providing an incomplete or inaccurate application will extend the time required to process and pay your grant.
- Incorrect/incomplete bank details will result in the funds being returned and default fees being incurred, which may be deducted from future grants.
- You must advise the NWO Hapū Ora team of any changes to your application via orakeied@ngatiwhatuaorakei.com.
- All applicants (successful and unsuccessful) will be notified in writing within one month from the date the application is made.

CHECKLIST

Please ensure:

- This entire Grant Application Form is complete.
- A parent, grandparent or guardian has signed and dated this Application Form.

Once completed, please return your Application to:

Email: orakeied@ngatiwhatuaorakei.com

Post: Hapū ora
Ngāti Whātua Ōrākei – Whai Maia
PO Box 42 045
Ōrākei, AUCKLAND

NGĀTI WHĀTUA ŌRĀKEI
2018 EDUCATION GRANT APPLICATION

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APPLICANT INFORMATION

Given Name/s: _____ Surname: _____

Gender: _____ Date of Birth: _____ Email Address: _____

F M / /

Postal/physical Address (Circle one):

Number Street Suburb

Town/City Post Code Country

Best Contact Number: _____

Alternative Contact Number: _____

Is the named applicant a registered member of Ngāti Whātua Ōrākei? Yes No

KEY CONTACT INFORMATION

This section is to be completed by the person who:

- is signing this Application on behalf of the Applicant; and
- we will engage with, where direct communication cannot be had with the Applicant.

Given Name/s: _____ Surname: _____

Gender: _____ Date of Birth: _____ What is your relationship to the Applicant? Are you a registered member of Ngāti Whātua Ōrākei?

F M / /

Parent
 Grandparent
 Guardian - if a guardian, please provide proof of guardianship.

Y N

What is your preferred contact method? Post Email Text Phone call

COMPLETE CONTACT DETAILS IF DIFFERENT TO APPLICANT

Postal/physical Address (Circle one):

Number	Street	Suburb
Town/City	Post Code	Country

Best Contact Number: _____

Alternative Contact Number: _____

Email Address: _____

EDUCATION PROVIDER INFORMATION

Name of Education Provider: _____

Education Provider Contact Number: _____

Enrolment Option:

- Full-time Part time

What type of learning centre is your child in?

- Kōhanga reo Kindergarten in-home care Montessori
 Rudolph Steiner Playcentre Playgroups Special needs services
 Rumaki Mainstream Bilingual Kura ā iwi
 Private school Special school Wharekura
 Ngā Puna Kōhungahunga (Māori-focused learning centre)
 Pacific Island-focused learning centre

What are the key factors you consider when choosing an education provider?

- Class size Distance from home Distance from work Cost
 Te reo Māori Decile rating Childs friends Reputation
 Hours Family Staff Facilities
 ERO report ELearning environment Other: _____

Was this education provider your first choice? Yes No

Are you happy with the overall quality of the education provider?

- Excellent Okay Needs Improvement Unhappy

I give consent for Ngāti Whātua Ōrākei to contact the listed learning centre provided within this application form to confirm enrolment and/or access to school reports.

- Yes No

EDUCATION AND LEARNING

What do you see as your Childs greatest strengths or skills?

- Respectful Kind & Good to others Communicates wells Creative Te Ao Maori
 Humour Go getter Love of learning Sports Teamwork
 Other: _____

Is there anything else you can tell us about your child that you think would help support his/her learning?

The hapū is looking for ideas to support ngā pepi, and would appreciate any ideas you have.

TE REO MĀORI

Is your child learning Te Reo Māori

- Ae Kao

If yes, can you indicate where

- Spoken at home Books Internet Online Apps At a centre
 Other: _____

If your child is not and you are wanting them to learn Te Reo Māori, what are the barriers for you?

He aha ētahi rauemi reo Māori hei āwhina i a koutou ko tō whānau ki te ako i te reo Māori? What type of te reo Māori resources would support you and your whānau to learn te reo Māori?

- Books Online (Podcasts & Webinars) Games Apps
 Waiata Print material Wananga Reo Classes
 Kura Reo Other: _____

BANK ACCOUNT DETAILS

Payment made to?

My nominated account

Direct to Education Provider

Bank Account Name: _____

Bank Account Number:

Bank	Branch	Account	Suffix
Bank Name:	_____	Payment Reference:	_____

If an international Bank Account please provide (if applicable):

Swift Code/BSB/ABA _____ IBAN: _____

PRIVACY STATEMENT

The Ngāti Whātua Ōrākei Trust Group is committed to protecting your privacy. All personal information (as defined in the Privacy Act 1993) that you provide in your application will be collected, stored and used by Ngāti Whātua Ōrākei Trust Group for purposes in connection with the assessment of your application:

1. the maintenance of whakapapa records, membership and hapū databases, voting register;
2. the functions of the Ngāti Whātua Ōrākei Trust Group;
3. keeping you updated on matters concerning your membership, hapū and the activities of the Ngāti Whātua Ōrākei Trust Group;
4. planning and design of any future services, benefits or goods that Ngāti Whātua Ōrākei Trust Group may choose to provide; and
5. any other purposes that the Ngāti Whātua Ōrākei Trust Group considers beneficial to Ngāti Whātua Ōrākei hapū ("Purposes").

Your personal information may be disclosed to a third party that provides services to Ngāti Whātua Ōrākei Trust Group in alignment with its core functions; and where authorised to by law. That disclosure will only be in connection with one or more of the above Purposes.

To update or correct the personal information concerning this Grant Application or if there are any questions concerning privacy, please contact:

Hapū ora

Ngāti Whātua Ōrākei - Whai Maia

Phone: 0508 NW Orakei or (09) 336 1670

Email: orakeied@ngatiwhatuaorakei.com

DECLARATION

I, the Parent/Grandparent or Guardian, declare that all the above information is true and correct. I understand that any application received by the Ngāti Whātua Ōrākei Trust with incorrect, incomplete or misleading information may be rejected. I have read, and I understand and accept the Privacy Statement. I agree and authorize the Ngāti Whātua Ōrākei Trust Group to collect, use, store and disclose my personal information (as defined in the Privacy Act 1993) for the Purposes set out in the Privacy Statement.

Parent/Grandparent or Guardian Name: _____

Parent/Grandparent or Guardian Signature: _____ Date: _____