



WHENUA KURA

**UNLEASH THE MAUI
LEADERSHIP PROGRAMME
APPLICATION FORM**

The purpose of this application form is to collate the information we require to assess your eligibility for a Whenua Kura Unleash the Maui programme scholarship. This information is also collated as data for statistical and administrative purposes. Please fill the form as accurately as possible. If you need help, please contact our project manager - Kym Hamilton
Email:kym.hamilton001@gmail.com or Mob: 0272545821

1. PERSONAL INFORMATION

First Names

Last Name/Surname

Date of Birth

Gender: Male Female

Mobile Phone

Home Phone

Email

Address

Suburb

City

Drivers Licence: Learners Restricted Full None

2. IWI TRIBAL AFFILIATION

Please list below your Iwi or tribal affiliations:

If you are affiliated to Ngai Tahu, please tell us your Registration Number:
If you are unsure contact 0800 KAI TAHU



3. PRIMARY SECTOR INDUSTRY OF INTEREST

Please tick the primary sector industry you are interested in gaining qualifications in.

Agriculture (Dairy)

Agriculture (Sheep & Beef)

Apiculture (Bee Keeping)

Horticulture

Forestry

Conservation

Eco Adventure Tourism

Sea-based

Aquaculture

Viticulture

Construction

Primary Sector Infrastructure

Primary Sector Support



4. EDUCATION

High School you attended

a. How many NCEA credits did you achieve?

	Achieved	Merit	Excellence	TOTAL
NCEA Level 1				
NCEA Level 2				
NCEA Level 3				

b. If you did not sit NCEA what was your highest achievement?

School Certificate	University Entrance
Sixth Form Certificate	No formal secondary school qualification
Bursary	Other

c. Have you previously studied at a Polytechnic, Training Centre, Wānanga or other tertiary provider?

Yes No

If Yes please provide the following information:

Qualification Level

Institution Year



5. HAVE YOU ALREADY ENROLLED WITH A TERTIARY INSTITUTION?

Yes No If yes, which institution and what programme:

6. HOW DID YOU FIND OUT ABOUT WHENUA KURA?

Brochure	Facebook	Website	Other Social Media
WINZ / MSD	Social Services	Māori Services	Community Event
Whenua Ora Visit	School	Careers Advisor	Careers Event
Newspaper Ad	Magazine Ad	Radio Ad	TV Article
Other			

7. MEDICAL STATEMENT

Information provided in the section may relate to your safety and well-being while on field trips, on campus and off site. All information will be disclosed to staff and tutors, and will be used in accordance with the Privacy Act 1993. The information contained in this section is not used for eligibility purposes for any course that you choose to enrol.

Do you live with the effects of an injury, long-term illness or impairment? Have you ever suffered from any of the following ailments?

Yes	No	If yes, please indicate the conditions below that apply to you;		
Abdominal problems		Hyperthermia	Diabetes	Mental health issues
Back, Spinal, Neck injuries		Low blood pressure	Epilepsy	Psychiatric
Eczema		Pneumonia	Headaches / Migraines	Vision impairment
Head injuries / Concussion		Travel Sickness	High blood pressure	Arthritis
Heart problems		Asthma	Hyperventilation	Ear problems
Hay Fever		Hearing impairment	Hypothermia	Learning disability
Phobias		Psychological	Other (please specify)	



IF YOU ARE CURRENTLY ON MEDICATION PLEASE PROVIDE DETAILS BELOW;

If you are currently on medication please provide details below;

MEDICAL CONSENT

I consent to this information being provided to relevant staff and tutors for the purpose of my safety and well-being. I agree that all information is correct at the time of completion of this form.

Student signature

if under 16,
and/or Parent/Caregiver signature

Date

8. EMERGENCY CONTACT DETAILS

Relationship to Student? Parent Guardian Other

Name

Mobile Phone

Work Phone

Home Phone

Home Address

Suburb

City



9. STUDENT DECLARATION

- a) I confirm that all of the information supplied in support of my application is accurate at the date of signing.
- b) I consent to this information being supplied to Whenua Kura.
- c) I consent to receiving electronic messages from Whenua Kura.
- d) I agree that Whenua Kura may use my personal details to promote the Whenua Kura programme.
- e) I agree to participate in all Whenua Kura events and activities such as orientation, work readiness, noho marae and wananga.
- f) I understand that my academic progress on the Whenua Kura programme will be monitored by relevant staff and tutors. I therefore consent to the release of information regarding my academic progress to these parties.

I declare that, to the best of my knowledge, all the information supplied on this application is true and accurate. I acknowledge that my admission or registration may be cancelled if the information supplied on this form is not truthful or accurate. I consent to the disclosure of personal information as described above.

Your Signature

Date