



## 2024 Hauora Māori Internships Fund

Application to be a host provider for the 2024 Hauora Māori Internship Fund

### Provider Details

Item	Detail
Trading name:	
Full legal name (if different):	
Physical address:	
Postal address:	
Business website:	
Type of entity (legal status):	
NZBN number:	
GST registration number:	

### Our Point of Contact

Item	Detail
Contact person:	
Position:	
Phone number:	
Mobile number:	
Email address:	

### Pre-Conditions

#	Pre-conditions	Meets (Circle one)
1.	A legal entity, that it owned and governed by Māori, and delivering primary or community hauora services to predominately Māori client base or Māori community.	[Yes/No]
2.	The organisation has sufficient capacity, capability, and systems to recruit, retain, support and report against the number of proposed placement opportunities.	[Yes/No]

## Service Requirements

#	Service Requirements	Accept (Circle one)
1.	The Funding supports rangatahi and taura Māori to gain paid work experience opportunities in the health system that are within their own rohe.	[Yes/No]
2.	The specification for a host provider includes: <ul style="list-style-type: none"> <li>Recruit taura Māori who are studying health or health related studies, who are committed to completing 200 hours of paid work experience.</li> <li>The provision of supervision, pastoral care and support and cultural supervision throughout an intern's employment.</li> <li>Host providers will meet all contractual and reporting requirements.</li> <li>Host provider and interns agree to complete an exit survey at the completion of employment.</li> </ul>	[Yes/No]
3.	The host provider agreed to a flat fee of \$10,000 per internship to a maximum of 10 funded internship positions. [Maximum of \$100,000].	[Yes/No]

## The contracted Hauora Māori services delivered by the Host Provider

[You can select multiple options]

Tick	Service Types	Tick	Service Types
	Kaupapa Māori Services		Rangatahi Māori
	Mental Health		Suicide Prevention
	Alcohol & Other Drug		Māori Lived Experience
	Primary Care		Māori Community Health Services
	Public Health		Rongoa Māori & Traditional Healing
	Health Promotion & Education		Other

## The learning outcomes through an Internship with Host Provider

[You can select multiple options]

Tick	Learning Outcome	Tick	Learning Outcome
	Support the design, development, or delivery of Hauora Māori services.		Provide administrative and general office services using business technologies to support everyday operational activities
	Establish quality relationships between Māori clients, their whānau and a range of stakeholders		Process data, produce information, and perform financial calculations for business purposes
	Perform person-centred tasks and functions in a health or wellbeing setting, providing culturally safe support		Work cooperatively within a team and contribute to the achievement of shared goals or objectives.
	Work within the responsibilities and boundaries of own role in a health and wellbeing setting		Describe concepts and approaches required to understand health and well-being from a Māori cultural context
	Recognise and report health or wellbeing risks and changes in a person or their whānau and/or family.		Identify health promotion activities for Māori communities consistent with Māori models of wellness.

## Application Form

### 1. You as a host organisation

Weighting 100%

Your Profile (briefly tell us about your organisation)

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The services you provide (briefly tell us about the services you deliver)

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The experience a person would gain from a paid work experience opportunity with you

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## Funding Request

#	Proposal	\$-
1.	We have sufficient capacity, capability, and experience to support <b>[Insert Number]</b> 2024 internships from 1 March 2024 to 30 June 2024. <b>Note:</b> There is a maximum of 10 internships per host provider.	\$
		Total Funding Requested \$

## Declaration

**I/we declare that in submitting this Application and this declaration:**

- a. the information provided is true, accurate and complete and not misleading in any material respect.
- b. the Registration does not contain intellectual property that will breach a third party's rights.
- c. I/we have secured all appropriate authorisations to submit this Registration, to make the statements and to provide the information in the Registration and I/we am/are not aware of any impediments to enter into a Contract to deliver the Requirements.

**I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the Application may result in the Application being removed from the assessment process and may be grounds for termination of any Financial Agreement awarded as a result of this application.**

**By signing this declaration, the signatory below represents, warrants, and agrees that they have been authorised by the Respondent/s to make this declaration on their behalf.**

<b>Signature</b>	_____
<b>Full Name</b>	_____
<b>Title / Position</b>	_____
<b>Name of Organisation</b>	_____
<b>Date</b>	_____

