

# Workforce Development Application for Hauora Primary & Community Care 2025

**Kia ngātahi te waihoe, ka huri te kei o te waka, whatiwhati ngaru.  
Haere ki tua, papapounamu te moana. E topa, e rere ki uta!**

To support and strengthen primary and community care, Te Whatu Ora has dedicated funding to grow, nurture and develop a skilled and diverse workforce that chooses healthcare as a lifelong career.

This application is for Kaimahi who work in a Hauora Māori provider.

Please note management endorsement by a provider comes with the expectation that any travel and accommodation to undertake this course is provided by the employer.

**Close Monday 4 November at 5pm**

## **Funding is available for Kaimahi working in a Hauora provider to undertake:**

1. course relevant to their current or future practice and mahi.
2. workforce innovation initiative relevant to community and primary care.
3. undergraduate or postgraduate training.

## **Funding Process:**

1. Submit application form before Monday 4 November at 5pm.
2. The panel may contact you to kōrero about your application.
3. Receive email notification of outcome by Monday 18 November 2024.
4. Complete your enrolment or mini-innovation proposal by Friday 13 December 2024.

**Papaki kau ana ngā tai o mihi me ngā tai o manaaki ki a koe.**

## **Eligibility criteria**

**Am I eligible to apply (tick only those relevant to you)? \***

- I am employed by a Hauora provider
- I work in the Western Bay of Plenty
- I have not received 2024-2025 Te Whatu Ora primary and community workforce funds for this intended course or workforce activity
  
- I am employed by a Health provider (not Hauora) in the Western Bay of Plenty:  
See link <https://wkf.ms/46WCLhe> or send enquiries to [workforce@wboppho.org.nz](mailto:workforce@wboppho.org.nz)

**\* means compulsory questions**

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# Workforce Development Application for Hauora Primary & Community Care 2025

## Section 1: Whakapapa - Nō hea koe?

### 1. Ethnicity \*

- Māori
- Samoan
- Tongan
- Cook Island Māori
- Fijian
- Niuean
- Indian
- Asian
- NZ European
- Other

### 2. Iwi

### 3. Hapū

## Section 2: Ngā Taipitopito Whakapā - Personal details

### 1. Ingoa: Full name

First Name

Last Name

### 2. Wāhi noho: Residential address

### 3. Waea pūkoro: Phone number

### 4. Wāhitau īmēra: email\*

### 5. Date of birth\*

Day    Month    Year

\* means compulsory questions

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# Workforce Development Application for Hauora Primary & Community Care 2025

## Section 3: What is your kaupapa?

1. How will this workforce opportunity help you serve the hauora needs of whānau? \*

2. How is this workforce opportunity relevant to your practice or mahi?\*

3. How would your whānau describe what motivates or drives you?\*

4. How will you ensure you complete this course or initiative alongside your mahi and other commitments?\*

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# Workforce Development Application for Hauora Primary & Community Care 2025

## Section 4: Employment details

### 1. Employer Name and Address \*

### 2. What is your job role? \*

### 3. How many hours do you work per week? \*

- Fulltime (30hrs or more a week)
- Partime (Less than 30 hours a week)

## Section 5: Type of training

### 1. What is the type of training or workforce development activity are you applying to do?

- Wānanga (go to page 5)
- Clinical mentoring (go page 5)
- Workshops (go to page 5)
- Rangahau or innovation relevant to my mahi (go to page 6)
- Tertiary studies (go to page 8)

\* means compulsory questions

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# Workforce Development Application for Hauora Primary & Community Care 2025

## Section 6: Wānanga, workshop or mentoring details

1. If applicable, list relevant educational history here.

	Training Name	Tertiary/Course Provider	Qualification(cert, dip, masters)	Grade
1.				
2.				
3.				

2. What is the name of the course you are applying to do?\*

3. What is the start date of the Wānanga, workshop or mentoring?\*

Day    Month    Year

4. How many Wānanga, workshop or mentoring are you needing to attend?

5. What is the finish date of the Wānanga, workshop or mentoring?\*

Day    Month    Year

6. What are you hoping to achieve from the Wānanga, workshop or mentoring sessions?

7. List costs (eg. fees)\*

	Type of Cost	Cost \$
1.		
2.		
3.		
4.		

8. Have you received any other sources of funding to support this workforce initiative or training? \*

Yes     No

If yes, please indicate how much you have received and from where?

\* means compulsory questions

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# Workforce Development Application for Hauora Primary & Community Care 2025

## Section 6: Rangahau and Innovation educational history and training

1. If applicable, list relevant educational history here.

	Training Name	Tertiary/Course Provider	Qualification(cert, dip, masters)	Grade
1.				
2.				
3.				
4.				
5.				

2. Purpose: What is the purpose of the rangahau or innovation project?\*

3. Problem/Situation: What is the problem you want to address or situation you want to improve?\*

4. Why is this important?\*

5. Background: What guidance and research has informed this project?\*

\* means compulsory questions

# Workforce Development Application for Hauora Primary & Community Care 2025

## Section 6: Rangahau and Innovation educational history and training continued

6. Project: Describe how the Rangahau or innovation project will be undertaken?\*

7. What is the start date of your Rangahau or innovation project?\*

Day    Month    Year

8. When will you complete your Rangahau or innovation project?\*

Day    Month    Year

9. List costs (eg. fees)\*

	Type of Cost	Cost \$
1.		
2.		
3.		
4.		

10. Have you received any other sources of funding to support this workforce initiative or training? \*

Yes     No

If yes, please indicate how much you have received and from where?

\* means compulsory questions

Continue to page 10, section 7 managers endorsement page 10 ➡

# Workforce Development Application for Hauora Primary & Community Care 2025

## Section 6 : Tertiary educational history and training

1. If applicable, list relevant educational history here.

	Training Name	Tertiary/Course Provider	Qualification(cert, dip, masters)	Grade
1.				
2.				
3.				
4.				
5.				

2. What is the name of the training or qualification?\*

3. What qualification are you hoping to gain (if applicable)?

Mātauranga Māori certification or diploma

- Certificate
- Diploma
- Degree
- Masters
- PHD
- Other

4. What training provider you are applying to?

- Te Whare Wānanga o Awanuiarangi
- Te Wānanga o Aotearoa
- Te Wānanga o Raukawa
- Anamata
- Te Rau Ora
- Toi Oho Mai
- Te Pūkenga
- Massey University
- Auckland University
- Auckland University of Technology
- University of Otago
- Victoria University
- Other

\* means compulsory questions

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# Workforce Development Application for Hauora Primary & Community Care 2025

## Section 6 : Tertiary educational history and training continued

5. What is the start date of your training?\*

Day    Month    Year

6. When will you complete your training?\*

Day    Month    Year

7. Attach confirmation of your enrolment (if applicable).

8. List costs (eg. fees)

	Type of Cost	Cost \$
1.		
2		
3		
4		
5		

9. Have you received any other sources of funding to support this workforce initiative or training? \*

Yes     No

If yes, please indicate how much you have received and from where?

\* means compulsory questions

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# Workforce Development Application for Hauora Primary & Community Care 2025

## Section 7 : Management endorsement (please ask your manager to complete)

1. Please confirm how your organisation is going to support this applicant in their studies or workforce development activity?

- Travel expenses
- Accommodation
- Study leave
- Backfill
- Other

2. Why do you support this applicant in their studies or workforce development application?

Managers Name\*

First Name	Last Name
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Managers Job Title\*

Date

Day	Month	Year
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Manager's Signature

\* means compulsory questions

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# Workforce Development Application for Hauora Primary & Community Care 2025

## Section 8 : Important checklist

### Your application must have:

- Completed all sections of the application form.
- Double check the details of your intended study programme or workforce activity details are correct.
- Attached confirmation of your enrolment for 2025 (if applicable).
- Attached completed and signed management endorsement.
- Signed the learning agreement and declaration form below.

## Section 9: Learning agreement and declaration form

### Awahi mai awahi atu me te whakapuakitanga

#### For the purposes of the Hauora Workforce Development Funding for the Academic year 2025

I agree, I have the support of my whānau and will commit myself to completing this intended workforce development activity or study.

I agree, I will seek cultural, academic or learning support from kaumatua or poutikanga, course academic tutors or workforce development mentor as needed.

I agree, on successful completion of my workforce activity or study, I will upload my end of year academic transcript or workforce activity outcome to this application.

If I am a successful candidate, I agree for the Workforce development team using my details or images for positive publicity.

I confirm that all the information supplied in support of my application for funding is accurate at the date of signing this form.

I consent to the disclosure of personal information in this form to the selection panel for the purpose of assessing my application.

I am aware, all the information contained in this application will remain private and confidential and will be used for the purposes of assessing my application..

### Terms and Conditions\*

I have read and understand the terms and conditions of this application form for which I am applying for.\*

**Date\***   
Day    Month    Year

### Applicant's Signature\*

\* means compulsory questions