

## Eligibility Criteria

Please read the following:

- You (or your parent if you're under 18) need to be a registered whānau member of Ngāti Tama ki Te Taihū.
- Please provide proof of enrolment in apprenticeship/training.
- Please provide a photo of yourself which Ngāti Tama may use in communications.
- Please provide confirmation of cadetship/apprenticeship from provider/employer.
- Ensure the form is completed – incomplete forms are not accepted.
- Applications must be received by the closing date to be accepted.

## Applicant Details

Are you a registered member of Ngāti Tama ki Te Taihū?      Yes                      No \*                      (please tick one)

\*If you are not registered but are over 18, please ensure you submit a registration form with this grant.

Surname: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male                      Female                      (please tick one)

Street address: \_\_\_\_\_

Suburb/Town/City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Bank Account Details:

Your Bank: \_\_\_\_\_

Your Bank Account Number:

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Please send verification of your bank account number ie:

- bank statement
- screen shot from internet banking.

## Course Details

Apprenticeship/cadetship Provider: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact phone or email: \_\_\_\_\_

Duration of apprenticeship: Start date: \_\_\_\_\_ Finish date: \_\_\_\_\_

What year of apprenticeship are you in? \_\_\_\_\_

We would love to hear about your training, whether there is a kaupapa Māori focus, and your career goals and aspirations:

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## My application is complete:

I have included the following:

- Proof of apprenticeship/training.
- Photo of myself.
- Any additional supporting information (ie invoices/receipts) in relation to my apprenticeship/training.
- Proof of bank account.

## Please sign the Declaration below:

- 1) I certify that all of the information supplied in this application is correct.
- 2) I agree that Ngāti Tama can use my photo for pānui/communications.
- 3) I agree that my application will not be accepted if it is incomplete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please either scan/email your application to **grants@ngati-tama.iwi.nz** or:

Post to:  
PO Box 914  
Nelson 7040