

Te Aroa Haereiti Whanau Trust Application for Health Grant

Registration Number: _____ Calendar Year/Month: _____

SECTION 1: WHAKAPAPA

Please complete your direct lineage to Te Aroa Haereiti
Circle Tupuna Line ⇒ NGAHUIA - POU MATAAHO - TE ONE

.....
Great Grandparents

.....
Great Grandparents

.....
Grandparents

.....
Grandparents

.....
Parents

.....
Applicant/Kaitono

SECTION 2: APPLICANTS DETAILS

Please Note: The following details are to be true and correct. Any change of details, please ensure the trust has been notified and updated on your official registration.

Full Name:

Postal Address:

Contact Number:

Email:

Date of Birth: _____/_____/_____ dd/mm/yy

Have you applied for a Health grant before with the trust? Yes No

If you've ticked YES above, please outline the outcome/success of your previous grant application.

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The Privacy Act 1993

The information gathered will be held in accordance with the Privacy Act requirements combined with Te Aroa Haereiti Whanau Trust Archive Record Management Policy procedures. Details on the application will not be used for any other purpose without your consent/Trustee approval. You have the right to access and correct the information on the Registration Form at any time. Any person aged 18 years or above should complete their own form.

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SECTION 3: PROOF OF IDENTIFICATION

To confirm your registration/grant application, please attach one of the following:

Copy of Birth Certificate License Passport Student ID

SECTION 4: ENDORSEMENT/WRITTEN REFERENCE

This application will only be accepted after a Kaumatua/Kuia/Elder, Te Aroa Haereiti Trustee, Maori Liaison Officer, or Tutor/Teacher/ Medical Official has endorsed the form. The endorser must know the applicant. If Kaumatua/Kuia/Elder/ Te Aroa Haereiti Trustee are approving the application, they are required to initial the whakapapa page as confirmation, that details are true and correct. You are welcome to attach further endorsements with your application.

I have known this applicant for _____ years _____ months and I endorse this application because:

Endorsers Name:

Endorsers Contact No: Endorsers Title:

Endorser's signature:.....

Date Endorsed: _____ / _____ / _____ / dd/mm/yy

SECTION 5: BANKING DEALS

Please Note: These following details are required for deposit of funds. Person receiving this grant must be 18+ years of age.

Bank Branch

Name On Account:

Account Number:

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This grant applies to the following objectives as outlined in the Trust Deed.

1 Objectives of the Trust

1.1 The objectives of the Trust are to:

- a Provide financial assistance:
 - iii. For the physical, spiritual, and emotional needs of sick rawa-kore members including the mentally ill and aged rawa-kore; members
 - iv. For the carrying out of other charitable purposes within New Zealand;
 - v. For cases of human and material loss to pohara members, including damage to homes and belongings by fire, earthquake, and other natural disasters, tangi or funeral costs and expenses together with assistance for the pohara families of the deceased; and
 - vi. To develop and foster the use of a community centre as a centre for living and experiencing marae activities and to develop sensitivity in the general community to Tikanga Maori.

2 Process for all Grants

- i) Support documents, banking details, quotes and/or receipts must be current with dates no later than a **three month period**, of the date stated on the grant application
- ii) Support documents must be scanned, mobile photos are not accepted.
- iii) The trust will only accept **one application** per year, per grant.
- iv) For all successful applications, please allow 10 working days work grants to be processed and transactions to go through. If a grant fails to meet the guidelines or is lacking evidence, it will be deemed unsuccessful.
- v) Inappropriate conduct towards any trustee of Te Aroa Haereiti Whanau Trust will result in an instant decline of the current grant application.

CONTACT DETAILS:

Please send/give this completed application to your whanau trustee or email it to our Trust Secretary:

Tia Cairns
tiacairnsjdb@gmail.com

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