

Doctoral Grant Application

Te Whakakitenga o Waikato Incorporated ("we" or "us" or "Waikato Tainui")

Terms and Conditions

- ☐ Registered Waikato-Tainui tribal member
- ☐ For post-graduate study at NZQA Level 10 (up to three years of applications)
- ☐ The tertiary institution and course must be in New Zealand and NZQA accredited
- ☐ A 75% pass rate is required in the previous year you had an application approved. Evidence is required of these academic results.
- ☐ Research that aligns to the aspirations of Whakatupuranga 2050
- ☐ Koha statement and evidence of completing this, when applying in consecutive years
- ☐ Must reside permanently in New Zealand
- ☐ Confirmation enrolment into a qualification, level, subject area and tuition fees
- ☐ Identification provided on file such as birth certificate, driver's license or passport
- ☐ Official bank deposit slip (must contain bank logo, account name and number)
- ☐ Fully completed application form

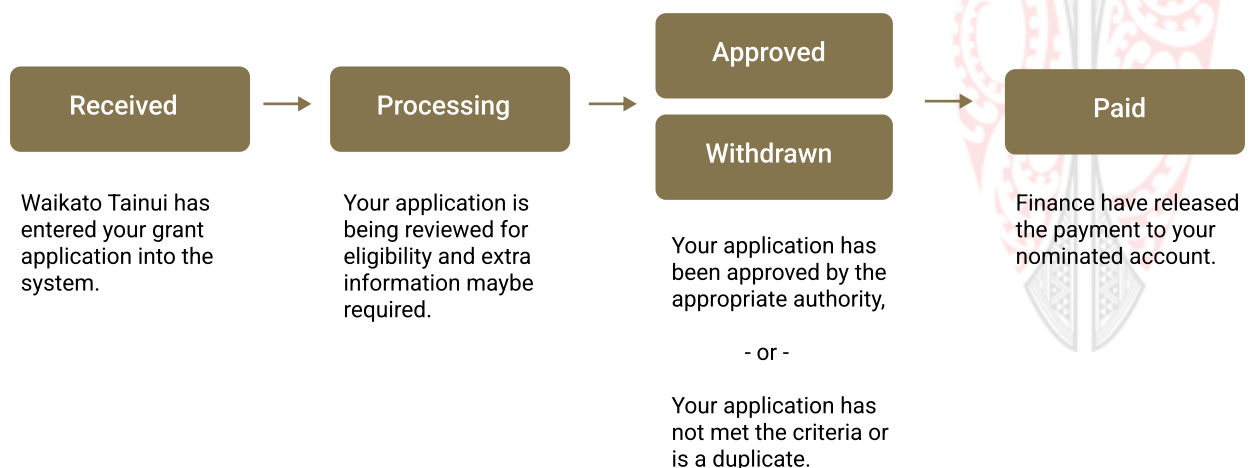
Only one grant application is available per individual in any financial year period.

If no tuition fees are being charged by the tertiary institute, no grant payment will be made available.

Failure to provide the above information may result in your application being declined. Sole discretion to accept, withdraw or decline a grant application that does not meet criteria rests with us. Decisions are final and no correspondence will be entered into.

Grant application process

Most grant application payments take up to 8 weeks for processing, approval and payment (if approved). Payment is made 21st of each month.



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Your Tribal Member details

Applicant full name _____

Tribal Registry No. _____

Date of Birth _____ / _____ / _____

Street No. / Name _____

Suburb _____ RD? _____

Town / city _____ Postcode _____

Country New Zealand

Phone Number/s _____

Email Address _____

Bank account details

☐ Official bank deposit slip attached (must contain bank logo, account name and number)

Course details

Institution name _____

Qualification name _____

Thesis topic / focus _____

Thesis title _____

Start date _____ Thesis submission date _____

Supervisor name _____ Supervisor job title _____

Supervisor contact phone _____ Supervisor email _____



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Whakatupuranga 2050 alignment statement

Please outline below the reason/s why you believe your research aligns to the priorities outlined in Whakatupuranga 2050:

- Kiingitanga
- Tribal Success
- Tribal Social and Economic Wellbeing

You may include your understanding of your own marae or hapuu priorities and possible outcomes of your research.

Please **attach** your response.

Koha statement

Select one

- | | |
|--|---|
| <input type="checkbox"/> Participate at my marae | <input type="checkbox"/> Participate at Poukai |
| <input type="checkbox"/> Attend a reo or tikanga waananga | <input type="checkbox"/> Volunteer at an environmental initiative |
| <input type="checkbox"/> Volunteer as a Tuakana at a tribal waananga that aligns to my qualification | <input type="checkbox"/> Attend a Taurahere hui |

Required documents

- ☐ Confirmation of enrolment
- ☐ Certified invoice of your course fees
- ☐ Previous year academic results transcript (if relevant)
- ☐ Koha statement and evidence of completing this, when applying in consecutive years (if relevant)
- ☐ Whakatupuranga 2050 alignment statement



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Privacy Statement

Your personal information is being collected so that we can consider your application, check it against the criteria, operate and administer the Doctoral Grant, and for other purposes set out in this application.

Please fill in ALL areas of this form where your personal information is requested. If the information you voluntarily provide is not accurate or complete, we may not be able to consider your application and/or award you a grant until such information is provided.

In agreeing to the terms and conditions on this form and submitting it to us, you authorise the release of, and use of, your personal information to and by our kaimahi for all the purposes set out in this form. Your personal information and grant details may also be used and published by us for publicity and promotional purposes. We will only do this if we obtain your consent prior to publication. Successful applicants may also be contacted for evaluation and review.

We take all reasonable steps to ensure that your personal information is safeguarded against loss, unauthorised access/disclosure or modification, and misuse in accordance with the Privacy Act 2020.

Your personal information will be collected and held by Te Whakakitenga o Waikato Incorporated, 4 Bryce Street, Hamilton in accordance with the Privacy Act 2020. If you wish to gain access to or request correction of your personal information, please contact our privacy officer via email at privacy@tainui.co.nz or at our offices at 4 Bryce Street, Hamilton.

Supervisor's Details

By signing, you confirm that you have obtained consent from your supervisor to share their contact details, solely for the purpose of verifying your information. You understand that your supervisor's contact details will remain confidential, not be published, and/or disclosed to any third parties. Their details will only be used exclusively for verification purposes by Waikato-Tainui kaimahi.

Declaration

I agree to the privacy statement and I declare that the information given in this application is true and correct and if my application is successful, I will comply with all terms and conditions of the grant.

Full name of signatory

Authorised signatory

Date

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