

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

The Waikato-Tainui Kaumaatua Grant is offered once per financial year, to registered tribal members who are over the age of 60 years. It provides relief and support in aged-related health costs.

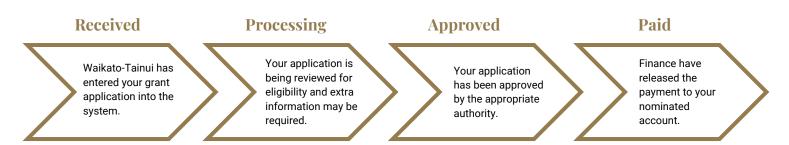
### **Terms and Conditions**

Applicant
Must be a registered Waikato-Tainui tribal member and permanently residing in Aotearoa
Must be aged 60 years or over
Bank Confirmation (must contain bank logo, account name and number)
Identification on file (Birth Certificate, Drivers Licence or Passport)
Completed application form in full
Only <b>ONE</b> grant application is available per applicant in any financial year period.
Sole discretion to accept, withdraw or defer a grant application that does not meet criteria rests with us. Decisions are final and no correspondence will be entered into. Incomplete applications will be withdrawn after 60 days and a new application

### **Grant Application Process**

form needs to be completed.

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



Other statuses you may see are:

WITHDRAWN - The application does not meet criteria or is a duplicate application.

DEFERRED - The application requires more information or has been deferred until a later date, in which case the approval process will take longer than 8 weeks.

If you have any questions, please feel free to contact us



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

### **Privacy Statement**

Your personal information is being collected so that we can consider your application, check it against the criteria, operate and administer the Kaumaatua Grant programme, and for other purposes set out in this application form. We will also use your personal information that you provide to us to update your information on the tribal register.

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 facilitate your enrolment until such information is provided.

In agreeing to the terms and conditions on this application 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 application form. Your personal information and grant details may also be used and published by us for publicity and promotional purposes and successful applicants may also be contacted for evaluation and review.

We may also use the aggregated and anonymised data collected from your personal information to assist us with several purposes aimed at improving the services we provide by:

- Analysing trends and patterns to improve the quality and effectiveness of our programmes and services.
- · Assessing the needs of our tribal members and outcomes to inform decision-making and resource allocation.
- Reporting to stakeholders and funders (if applicable), about the impact of our services while protecting individual privacy.
- Supporting research and evaluating new initiatives designed to benefit tribal members.
- Informing and shaping our organisational strategy to better service our tribal members.

Your personal information may be stored or processed by our cloud service providers, including Salesforce, in locations outside New Zealand. These locations may have privacy protections that are different from New Zealand law.

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.

Your personal information will be collected and held by Te Whakakitenga o Waikato Incorporated, 6 Bryce Street, Hamilton in accordance with the Privacy Act. 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 2-4 Bryce Street, Hamilton.

### **Partner Schemes**

If you opt into one of our partner schemes below, you authorise us to collect and disclose your personal information to the relevant partner/s for the purpose of facilitating your enrolment with them in their scheme. This includes us disclosing certain personal information we currently hold about you to them on your behalf (other than your health information) and only for the purposes set out in this application form.

We will do our best to ensure that the information that we hold and disclose about you is accurate, complete, and up to date. Please let us know if there have been any changes to your contact details. You can update your details at any time by calling us on 0800 TAINUI, emailing us at tribalregistration@tainui.co.nz. and inperson at our offices at 2 Bryce Street, Hamilton.

Continued on the next page.



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

### **Privacy Statement**

#### **Triton Hearing**

If you opt into this scheme, you authorise us to disclose your personal information to Triton Hearing for the purpose of Waikato-Tainui verifying your identity against our tribal register, Triton Hearing contacting you about and administering the programme, and Waikato-Tainui ensuring the grant funds are used appropriately and for their intended purpose.

#### **OPSM**

If you opt into this scheme, you authorise us to disclose your personal information to OPSM for the purpose of Waikato-Tainui verifying your identity against our tribal register, OPSM contacting you about and administering the programme, and Waikato-Tainui ensuring the grant funds are used appropriately and for their intended purpose.

#### **Southern Cross Health Insurance**

If you opt into this scheme, you authorise us to disclose your personal information to Southern Cross for the purpose of Waikato-Tainui verifying your identity against our tribal register, Southern Cross contacting you about and administering the programme, and Waikato-Tainui ensuring the grant funds are used appropriately and for their intended purpose.

#### Hato Hone I St John Eke Manaaki Scheme

If you opt into this scheme, you authorise us to disclose your personal information to Hato Hone I St John for the purpose of facilitating your enrolment with the Eke Manaaki Ambulance Membership.

Please note, Hato Hone I St John does not provide ambulance services in Wellington and Wairarapa. On that basis, the Eke Manaaki scheme is unavailable to kaumaatua in those specific areas. For more information, please read Hato Hone I St John's terms and conditions here: https://www.stjohn.org.nz/ support-us/supporters-scheme/terms-and-conditions---supporter-scheme/

### Are you completing this form on behalf of someone else?

If yes, please provide your Name, Contact details							
Full Name							
Relationship to the applicant							
Email							
Phone Number							
Authorised Signature			Date		/	/	



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

Applicant details	
Tribal Registration Number	
Full Name	
Date of Birth	d d I m m I y y y
Email	
Phone number	
Physical Address	
Street Number & Name	
Suburb	RD
Town/City	Postcode
Country	Aotearoa
Postal Address Is your Postal address the same	e as your physical Address?
Yes No (please fil	ll out the below section)
Street Number & Name	
Suburb	RD
Town/City	Postcode
Country	
<b>Bank Confirmation</b>	
Bank Confirmation - must conta	in bank logo, name of the account holder (applicant) and account number.
Attached	On file
Bank Account Name	
Bank Account Number	
-	-



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

What age relate	ed issues will	l you put the	funds towards

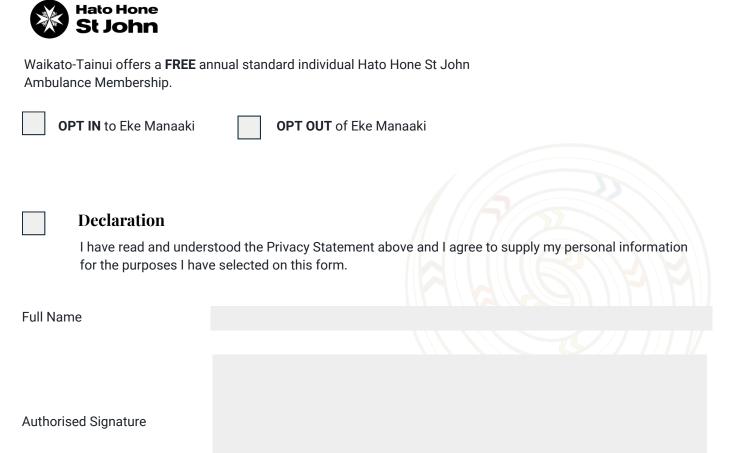
E.g. Doctors Visits, Dental, Medicine etc. Kaumaatua aged 60-69 Please pick ONE of the below TRITON \$500 Triton Hearing As a part of our partnership with Triton hearing, Kaumaatua are able to receive a free initial hearing assessment and if required can be fitted with appropriate hearing aids. -OR-\$500 OPSM **OPSM** As a part of our partnership with OPSM, Kaumaatua are able to access eyesight services by completing an initial eyesight assessment and if required, prescription glasses can be fitted. -OR-\$500 Grant payment Gives Kaumaatua flexibility to allocate funds to multiple age-related health services or costs.

# Kaumaatua aged 70+ Please pick ONE of the below \$500 Triton Hearing + \$500 Grant payment As a part of our partnership with Triton hearing, Kaumaatua are able to receive a free initial hearing assessment and if required can be fitted with appropriate hearing aids. -OR-\$500 OPSM + **OPSM** \$500 Grant payment As a part of our partnership with OPSM, Kaumaatua are able to access eyesight services by completing an initial eyesight assessment and if required, prescription glasses can be fitted. -OR-\$1,000 Grant payment Gives Kaumaatua flexibility to allocate funds to multiple age-related health services or costs.



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

Fke	Manaa	aki In	iti	ative
rke	viana	1KI III		auve



Date