

Rotoiti 15 Trust Trade Education Grant Application Form



ROTOITI 15
Ngā Rawa E Tupu

APPLICATION ROUND	CLOSING DATE	CONSIDERED & PAID
1	31 January, 4.00pm	February
2	30 April, 4.00pm	May
3	31 July, 4.00pm	August
4	31 October, 4.00pm	November

Applications must be received prior to the commencement of the apprenticeship, course or trade.

PLEASE SEND APPLICATIONS TO:

Physical Address: GHA

GHA Centre, 1108 Fenton Street
Rotorua

Postal Address: PO Box 1712
Rotorua 3040

Contact Info: Phone: (07) 348 3599,
Email: info@rotoiti15.com

Purpose:

The purpose of the Trade Education Grants are to:

- Support our owners and their descendants to attain trades that lead to employment
- Promote trade training and upskilling in areas that support the Trust's business and hapu/ iwi needs
- Build relationships with people who affiliate with Rotoiti 15 and could contribute to the trust and hapu/ iwi development in the future

Eligibility:

Applicants must:

- A. Be a Shareholder or;
 - a direct descendant of a shareholder or;
 - a beneficiary of a whanau trust that is a shareholder or;
 - entitled to a life interest in accordance with the provisions of the Maori Land Court
- B. Participating in one of the six areas of trade and employment as follows:
 - a. Agribusiness (Farming, horticulture and related trades)
 - b. Certification that enables entry to employment such as Real Estate Licence Fees, HT Licence, Teachers Certificate
 - c. Resources required to enter or maintain employment such as Health & Safety equipment
 - d. Forestry Industry
 - e. Apprentice type fees e.g. plumbing, electrician, mechanic
 - f. Subsidy support via government programmes or education authority
- C. Only those employed in New Zealand will be considered.

SECTION 1: APPLICANT DETAILS

First Name:

Middle Name:

Surname:

Gender:

☐ Male ☐ Female

Date of Birth:

____ / ____ / ____

Postal Address:

Post Code:

Cell phone No:

() _____

Phone (Day):

() _____

Email Address:

SECTION 2: WHAKAPAPA DETAILS

Current Shareholder Name: (Individual)

(if applicable)

Current Shareholder Name: (Trust)

(if applicable)

Shareholder Registration No:

(must contact the office if unknown)

Please complete your whakapapa in the section below (only the side relating to Rotoiti 15 interests)

Your Father's Side:

Father's Name

Grandfather's Name

Grandmother's Name

Your Mother's Side:

Mother's Name

Grandfather's Name

Grandmother's Name

SECTION 3: TRAINING AND / OR QUALIFICATION INFORMATION

Name of Institution:

Institution Contact Person:

Phone & Email

Ph:

Email:

Place of Study:

Full Qualification Name:

Type of Study (full or part time)

Course Start Date

Course Finish Date:

Course Fees and associated
Costs

\$
\$

Please provide a detailed explanation:

SECTION 4: PERSONAL STATEMENTS

1. Your own contributions, past, present or future towards the general well-being of your Whanau, Hapu and Iwi:

2. What are your future plans and how will these assist the interests of the Rotoiti 15 Trust?:

SECTION 5: BANK DEPOSIT AUTHORITY & CONFIRMATION OF IDENTITY

SHAREHOLDER NO: _____

NAME: Surname: _____ First Names: _____

Other Names You are Known By: _____

FULL ADDRESS: _____

DATE OF BIRTH: _____ **MALE:** ☐ **FEMALE:** ☐

I.R.D. NUMBER: _____

TYPE OF IDENTITY PROVIDED: _____

(Attach copy of Passport or Licence or Birth Certificate to this application)

Please attach a pre-printed bank deposit slip OR fill in the details below and have your Bank verify the section below:

"I hereby authorise GHA to deposit any monies owing to me from **Rotoiti 15 Trust**":

Bank Account
Name: _____

Held at: _____ Branch

at:

Bank Branch Account Number Suffix

Signature: _____ Date: _____

FOR BANK USE ONLY:
Please verify that the above bank
account is correct by placing

BANK STAMP HERE:

SECTION 6: DECLARATION

I hereby certify that the information in this application form is correct, and that my application may be cancelled (without right of review) if the information supplied is incomplete, inaccurate or not supplied by due date.

I consent to any of this information being made available to Rotoiti 15 Trust for statistical and media information purposes including the Annual Report.

I consent to Rotoiti 15 Trust contacting any Agencies to verify that information provided in this application is true and correct, in accordance with the Privacy Act 1993.

I understand that I may be required to attend a wānanga to learn about the Rotoiti 15 Trust and opportunities to contribute to Maori land and hapū/iwi development.

Signature

Date

CHECKLIST:

Please ensure you have completed the following information;

<input type="checkbox"/>	Current Shareholder (Section 2) Applicant must ensure the Current Shareholder as stated in Whakapapa Section has completed a Shareholders Registration Form (check with the office if in doubt).
<input type="checkbox"/>	Bank Account Details Verified (Section 3)
<input type="checkbox"/>	Declaration signed by Applicant (Section 4)
<input type="checkbox"/>	Proof of Identity Attached (e.g. copy of Passport or License or Birth Certificate)
<input type="checkbox"/>	Evidence of Course Fees and any other Course related costs attached (on Institution Letterhead)

OFFICE USE ONLY:

Date Received: _____ / _____ / _____

Applicants First Name: _____ Last Name: _____

Application Completed: ☐ Yes ☐ No

Shareholder Name: _____

Registration Completed: ☐ Yes ☐ No

Comment: _____