



Hauora Māori Workforce Development Lactation Consultant Scholarship 2018

The Taranaki DHB is pleased to announce the opportunity for a suitably qualified/skilled person to train as a Lactation Consultant. Someone who is committed to working in Taranaki and must be skilled in engaging with Māori hapū māmā and be committed to working in all areas of Taranaki.

To be Eligible the Applicant

- Will need to complete at least 90 hours of education in human lactation and breastfeeding within the 5 years immediately prior to applying for the exam.
- Gain the certification as an International Board Certified Lactation Consultant (IBCLC).
- **Recognised Health Professionals** and Recognised Mother Support Counsellors e.g. full-time La Leche League Leader, may enter under

• Pathway 1.

Pathway One requires **1000 lactation specific clinical practice hours** and the **minimum of 90 hours of professional lactation specific education***, both within the 5 years prior to applying.

- **Pathway 3**, possible with an IBCLC working in your area to act as a mentor. This could involve a group of IBCLCs as mentors with one main mentor to undertake a comprehensive clinical placement of at least 500 hours of supervised practice ensuring that you have met all the clinical competencies. A program plan signed by an IBLCE is a prerequisite to pursuing this pathway. In summary **Pathway 3** requires:

➤ Approved Pathway 3 Plan	On file with IBLCE
➤ General Education in the Health Sciences	14 subjects
➤ Education in Human Lactation and Breastfeeding	90 hours
➤ Clinical Practice Experience in Lactation and Breastfeeding Care	500 directly supervised hours

- Applications close on Thursday 17th May 2018
- Contact me if you have any questions.

Cordelia Parkes
PA to Chief Advisor
Māori Health

Phone: 06 753 7853
Cell: 027 555 6602
Email:
cordelia.parkes@tdhb.org.nz



- Must be either a volunteer or currently employed by the Taranaki DHB or by a Taranaki DHB/Ministry of Health funded organisation such as Māori Providers, other NGO providers or a PHO.
- Have Māori Whakapapa.
- Have the support from the employer to undertake and complete the qualification.
- Be committed to working in Taranaki as part of the health and disability sector.
- Further information and application forms are available from Cordelia Parkes, Te Pa Harakeke, Taranaki DHB Māori Health Unit, phone 753 7777 extension 8826.
- Applications will be processed after the close off date of 17th May 2018 and a decision will be made by the 24th May 2018.
- Application forms are also accessible from the Taranaki DHB intranet or website www.tdhb.org.nz

Scholarship Amount Support of up to \$8,000 has been set aside for a single applicant to complete the training in the current year (2018). This amount is all-inclusive and covers costs of training including associated travel and accommodation.





Health Workforce New Zealand (HWNZ)

Hauora Māori Workforce Development

LACTATION CONSULTANT SCHOLARSHIP APPLICATION

This form is to be used for applying for the Lactation Consultant Scholarship

Receipt of all applications will be acknowledged and applicants will be notified in writing of the final outcome.

PERSONAL DETAILS

I understand that I need to complete all details below or my application will be considered incomplete

First name(s):

Surname:

Preferred name:

Email address: (This is our preferred way of communicating with you)

Work postal address:

Work phone: Extension (if app):

Mobile phone:

Home phone:

Home address:

COMPLETE IF EMPLOYED BY TARANAKI DHB

Job title:

Based at: Taranaki Base Hospital Hawera Hospital Other

Employed for: Years: Months:

Employment type: Permanent Temporary Permanent Casual Casual

FTE:

LINE MANAGER

Name:

Designation:

Extension:



COMPLETE IF NOT EMPLOYED BY TARANAKI DHB

Job title:

Current employing organisation:

Employer's postal address:

Employed for: Years: Months:

Employment type: Permanent Temporary Permanent Casual Casual

FTE:

LINE MANAGER / EMPLOYER CONTACT DETAILS *(Whoever signs your application)*

Name:

Job title:

Phone:

Email:

Postal address:

STUDY IN 2018

What are the start and end dates for this certification?

STUDY HISTORY (if applicable)

Please read and tick

I understand that I need to provide details of my past studies

I already hold a qualification/s Yes No If YES, provide details below, if NO go to next section below

Qualification held Year gained Tertiary provider

Qualification held Year gained Tertiary provider

I have already completed papers but have not achieved a Certificate, Diploma or Graduate Certificate qualification Yes No

If YES please detail papers below, if NO go to next page

Paper name	Year studied	Result	Tertiary provider



OTHER FUNDING APPLIED FOR

Please read and tick

I understand that I need to provide details of other funding requested for my Lactation Consultant qualification 2018 study that I am seeking this scholarship for. If the other funding is successful this could reduce the level of funding I receive from TDHB. Failure to complete this section will render my application incomplete.

I have requested assistance from other funding streams Yes No If YES provide details below, if NO go to next section below

Name of funding source \$..... To fund

Was funding received? \$..... received \$..... To fund

INFORMATION REQUIRED BY TDHB

Please read and tick

I understand that I need to provide all of the following information or my application will be considered incomplete. This information is required by TDHB, your information will remain confidential and will not be used for any other purpose.

Are you a NZ Citizen? Yes No If NO do you hold a NZ Residency permit? Yes No

Date of birth: Gender: Female Male

Ethnicity Please tick one of the following options

- NZ Māori
- NZ European/Pakeha
- Other

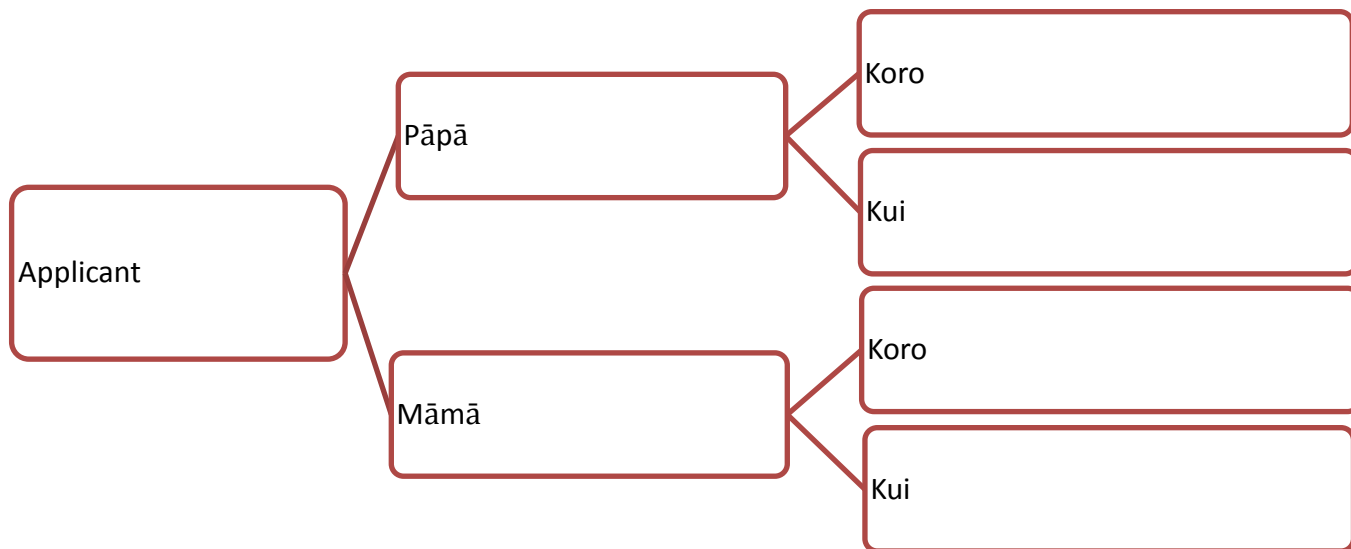
CONFIRMATION OF WHAKAPAPA LINKS AND CULTURAL LINKS WITH TE AO MĀORI AND MĀORI COMMUNITIES

Please read and tick

I understand the need to demonstrate whakapapa (at least 3 generations) and cultural links to te ao Māori and to Māori communities

Ko Wai Au?

Iwi Affiliation
Hapū Affiliation
Other cultural linkages
Linkages to Māori communities



PAYMENT AND REIMBURSEMENT OF FEES/TRAVEL/ACCOMMODATION

The Scholarship will be paid in three equal tranches:

Tranch one upon receipt of written confirmation from your Mentor of commencement of your chosen pathway

Tranch two on receipt of a progress report from you and your mentor at the mid way point of completing the training

Tranch three on successful completion and certification as a Lactation Consultant.

IMPORTANT - PLEASE NOTE:

Taranaki DHB reserves the right to alter the payment arrangements if necessary. Every endeavour will be made to ensure this does not unduly affect your ability to undertake the training.

INFORMATION TO BE INCLUDED WITH MY APPLICATION

Please read and tick

I understand that I need to attach copies of each of the following items or my application will be considered incomplete:

- Cover Letter
- Application Form
- CV
- Letter(s) of Support (optional)

**Outline why you want to train as a Lactation Consultant and, how you see your role (once qualified) in improving Māori breastfeeding rates?
(Continue on a separate sheet if required)**

ENROLMENT IN THE IBCLC (International Board Certified Lactation Consultant) QUALIFICATION

I understand that it is my personal responsibility to enrol in the IBCLC qualification and it is not the Taranaki DHB’s responsibility.

I understand that it is my responsibility to ascertain study day dates and course requirements from the provider’s course material or course co-ordinator.

MANAGER’S SECTION

Your manager/employer to complete:

Does this individual contribute to the organisation (e.g. resource role, protocol development, etc) Yes No

Do you support the applicant to undertake this qualification and their release for study days? Yes No

Please confirm that you would not require the employee to take Annual Leave to undertake this study in the event that the applicant is successful in gaining the scholarship. Yes No

Comment, justification and recommendation:

Manager’s name:

Manager’s signature:

Date:



BY SIGNING THIS APPLICATION I AGREE THAT:

Please read and tick all of the following boxes, or your application will be considered incomplete:

- I understand that by submitting this completed application this does not guarantee I will receive the scholarship.
- I accept and understand that TDHB supports my financial cost up to a certain value and that I may have to pay part of the course costs myself.
- I accept that I will be required to pay for any course materials required.
- I am also aware that this scholarship does not pay for kai and that this is part of mine or my employer's contribution while I am training.
- If I don't complete the course (for reasons other than special circumstances) I may need to repay any funding received in full, to Taranaki DHB.
- If I need to withdraw from my study it is my responsibility to advise my training provider and Taranaki DHB without delay.

I will provide a copy of my official results at the end of my study without delay to:

Cordelia Parkes

PA to Chief Advisor Māori Health

- Taranaki DHB may seek confirmation of course completion and grade from the provider involved.
- I will contact Cordelia Parkes, at Taranaki DHB immediately if any changes occur to my enrolment (e.g. withdrawal, cancellation of paper).
- I agree to share information gained from my course of study with other Māori people/groups if requested.
- I confirm that I have completed this application myself.

Applicant's name:

Applicant's signature:

Date:

Criteria check list staff use only	Application complete	Y / N
	Applicant is Māori and has cultural links to te ao Māori and to Māori communities	Y / N
	Date to approving committee	Close date 17 May 2018
	Application assessed	SUCCESSFUL / UNSUCCESSFUL
	Date confirmation email sent	By 24 th May 2018

PLEASE REFER TO THE CHECKLIST BELOW BEFORE SENDING YOUR APPLICATION

CHECKLIST

Before sending this form to us, please ensure that you have:

- Start date of study and end date
- Verified cost of course
- Attached your letter supporting your application
- Completed all details on pages 1-5
- Signed this form as the applicant (page 6)
- Obtained your manager's signature and support for the days off required (page 6)
- Clearly understood the commitment you need to make to study
- Taken a copy of your application for your records

PLEASE CHECK THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY.



For enquiries or to return COMPLETED APPLICATION forms contact:

Cordelia Parkes
PA to Chief Advisor Māori Health
Te Roopu Paharakeke Hauora
Māori Health Unit
Taranaki District Health Board
Private Bag 2017
New Plymouth 4342
Ph: 753 7777 ext: 8826
E: Cordelia.Parkes@tdhb.org.nz

