

# Hauora Māori Workforce Development Lactation Consultant Scholarship 2019

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 Friday 1<sup>st</sup> February 2019
- 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](mailto: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.
- Priority will be given to applicants who have Whakapapa Māori.
- 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 1<sup>st</sup> February 2019 and a decision will be made by the Friday 15<sup>th</sup> February 2019.
- Application forms are also accessible from the Taranaki DHB intranet or website [www.tdhub.org.nz](http://www.tdhub.org.nz)

**Scholarship Amount** Support of up to \$10,000 (\$5,000 each) has been set aside for two applicants to complete the training in the current year (2019). 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: .....

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#### 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: .....

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

Name: .....

Job title: .....

Phone: .....

Email: .....

Postal address: .....

**STUDY IN 2019**

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 |
|------------|--------------|--------|-------------------|
|            |              |        |                   |
|            |              |        |                   |
|            |              |        |                   |
|            |              |        |                   |
|            |              |        |                   |
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|            |              |        |                   |
|            |              |        |                   |



## 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 2019 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 (if applicable)

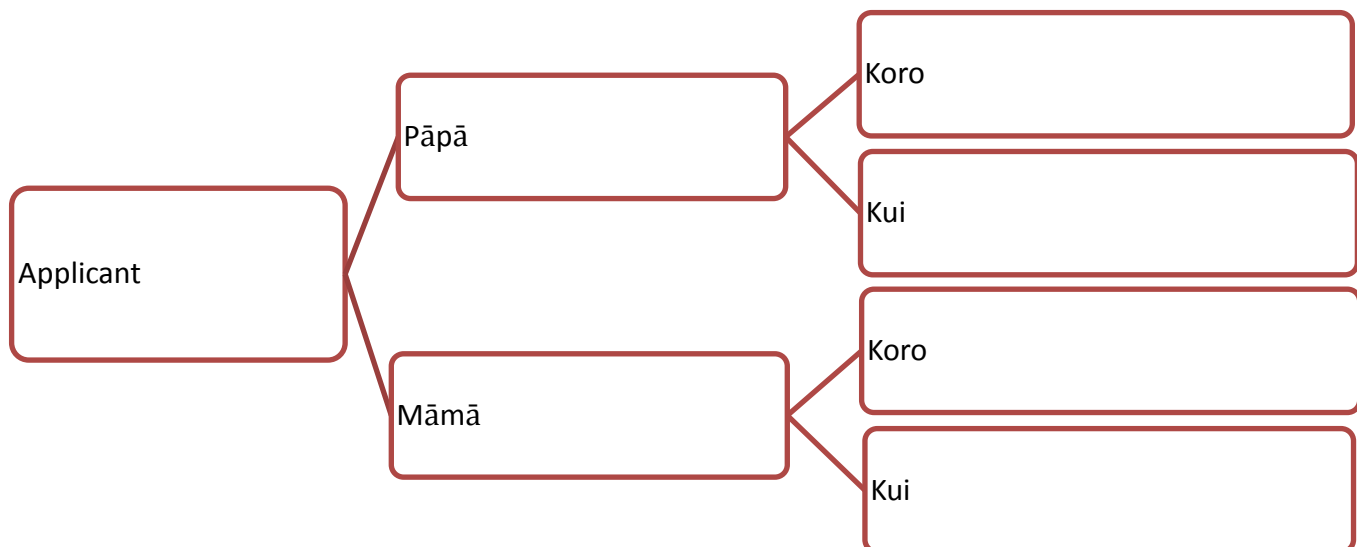
**Ko Wai Au?**

Iwi Affiliation .....

Hapū Affiliation .....

Other cultural linkages .....

Linkages to Māori communities .....





## 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: .....

|   |   |  |
|---|---|--|
| <b>Criteria check list<br/>staff use only</b> | 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 1 <sup>st</sup> February 2019 |
|   | Application assessed  | SUCCESSFUL / UNSUCCESSFUL                |
|   | Date confirmation email sent  | By 15 <sup>th</sup> February 2019        |

## 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  
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