



# CLINICAL TRAINING AGENCY (CTA) FUNDING APPLICATION FORM

## NON-REGULATED MAORI HEALTH AND DISABILITY WORKFORCE

This form is to be used for Levels 3 TO 7 Certificate, Diploma or Graduate Certificate

Applications for CTA funding close on Friday, 20 November 2009 at 4.00pm

**APPLICATION TO BE COMPLETED BY APPLICANT**

### PERSONAL DETAILS

Please read and tick

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

.....  
**First name(s)** **Surname**

.....  
**Preferred name** **E-mail address** This is our preferred way of communicating with you.

.....  
**Work postal address**

.....  
**Work phone (include extn)** **Mobile phone** **Home phone**

Completed if <u>employed by TDHB</u>		Completed if <u>not employed by TDHB</u>	
<b>Job title</b>		<b>Job title</b>	
<b>Based at</b>	<input type="checkbox"/> Taranaki Hospital <input type="checkbox"/> Hawera Hospital <input type="checkbox"/> Other _____	<b>Current Employing Organisation</b>	
<b>Area</b>	_____ (e.g. Engineering, Outpatients, Health Prom)	<b>Employer's postal address</b>	
<b>Employed for</b>	.....years ..... months	<b>Employed for</b>	.....years ..... months
<b>Employment type</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Perm Casual <input type="checkbox"/> Casual	<b>Employment type</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Perm Casual <input type="checkbox"/> Casual
<b>FTE</b>	_____	<b>FTE</b>	_____
<b>Line Manager</b>		<b>Line Manager/Employer contact details</b> (whoever signs your application)	
<b>Name</b>		<b>Name</b>	
<b>Designation</b>		<b>Job Title</b>	
<b>Extn</b>		<b>Phone</b>	
		<b>E-mail</b>	
		<b>Postal Address</b>	

## STUDY IN 2010

Please read and tick

- I understand that I need to provide a finalised plan of study with paper names and numbers, plus qualification sought as outlined below or my application will be considered incomplete
- I understand that CTA applications are processed annually and I will need to apply for funding for both semesters in 2010 with this application

Paper No	Tick if enrolling	Paper Name (enter 2010 papers only)	Paper held: Sem 1 Sem 2 Full year <small>Choose one</small>	Paper is run: • Locally • Online • Away (e.g. study days in Otaki, Rotorua - state location)	Tertiary provider <small>e.g. TWOR/TWOA WITT/ Tipu Ora / Mauri Ora</small>	Fee <small>Put paper fee only, not additional administration fees, use 2008 figures if 2009 figures not yet available</small>
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

In 2010 what qualification are you working towards?.....  Certificate                       Diploma                       Graduate Certificate                      *please tick one*

What is your qualification specialty?.....  Hauora Maori                       Other \_\_\_\_\_                      *please identify*

Will you begin this qualification in 2010? ..... Y / N                      If NO, when did you begin?     Semester 1     Semester 2    200\_\_ *please identify semester and year*

Will you complete this qualification in 2010 ..... Y / N                      If YES, which semester?     Semester 1     Semester 2



**OTHER FUNDING APPLIED FOR**

Please read and tick

I understand that I need to provide details of other funding requested for my 2010 papers that I am seeking CTA funding for. If the other funding is successful this could reduce the level of funding I receive from CTA. Failure to complete this section will render my application incomplete.

I have requested assistance from other funding streams ..... Y / N      If YES provide details below, if NO go to next section below

Name of Funding Source ..... \$ ..... To fund .....Fees/Travel/Accommodation/Other .....

Was funding received Y / N / Still waiting for reply ..... \$ Received..... To fund .....Fees/Travel/Accommodation/Other .....

**INFORMATION REQUIRED BY CTA**

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 from all applicants by CTA, your information will remain confidential and will not be used for any other purpose.

Are you a NZ Citizen? ..... Y / N      If NO, do you hold a NZ Residency permit?..... Y / N      Funding is only available to NZ citizens or NZ Residency Permit holders

APC Information      Health Practitioner Registration No.....      Full Name on APC .....

Date of Birth .....      Gender ..... Male / Female

Ethnicity      Please tick one of the following options - \*nfd = not further defined

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> European (nfd)                                | <input type="checkbox"/> Pacific Island (nfd) | <input type="checkbox"/> Fijian                      | <input type="checkbox"/> Indian         |
| <input type="checkbox"/> NZ European/Pakeha                            | <input type="checkbox"/> Samoan               | <input type="checkbox"/> Other Pacific Island groups | <input type="checkbox"/> Other Asian    |
| <input type="checkbox"/> Other European                                | <input type="checkbox"/> Cook Island Maori    | <input type="checkbox"/> Asian (nfd)                 | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> NZ Maori                                      | <input type="checkbox"/> Tongan               | <input type="checkbox"/> Southeast Asian             | <input type="checkbox"/> Other          |
| <input type="checkbox"/> African (or cultural group of African origin) | <input type="checkbox"/> Niuean               | <input type="checkbox"/> Chinese                     |   |
|  | <input type="checkbox"/> Tokelauan            | <input type="checkbox"/> Latin American/Hispanic     |   |

**CONFIRMATION OF WHAKAPAPA LINKS AND/OR CULTURAL LINKS WITH TE AO MĀORI AND MĀORI COMMUNITIES**

**Please read and tick**

**I understand the need to demonstrate whakapapa and/or cultural links to te ao Maori and to Maori communities**

**Ko Wai Au?**

<b>Iwi Affiliation</b>	<b>Hapu Affiliation</b>	<b>Other Cultural linkages</b>	<b>Linkages to Maori communities</b>



**CONFIRMATION OF UNDERSTANDING OF FUNDING STRUCTURE**

Please read and tick

I understand the funding structures indicated below and commitment required from me

		<b>CTA FUNDING</b>	<b>YOUR COSTS</b>
<p><b>FEES</b></p> <p>Tuition fees are the fees that are charged by the training provider for the cost of the trainee attending the programme of study</p>		By agreement, likely to be in the region of up to \$3,000 per course of study	Dependant upon the course of study you are entering, you may be required to contribute to the cost of your fees
<p><b>TRAVEL</b></p> <p>Travel subsidy is for actual trainee costs, for trainees who are required to travel further than 100kms by road one way from the usual place of work to the training programme location</p>	Between 100km and 250kms – Please specify	To be confirmed, the aim being to ensure travel is not a barrier to you undertaking the study.	See notes in first column. Please check to see how often you will have to travel. Funding is available for travel to nearest available course of study e.g. if course is available in New Plymouth travel may not be paid to attend the same course in Hamilton or Wellington You may need to cover some of your travel costs.
	Over 250km – Please specify	As above. A higher level of support is paid for travel over 250kms one way	See notes in first column and above
<p><b>ACCOMMODATION</b></p> <p>Accommodation subsidy is for actual trainee costs for accommodation required at the agreed training location</p>		To be confirmed, the aim being to ensure the cost of travel and accommodation is not a barrier to you undertaking the study	See notes in first column. Please check to see how many nights you will need accommodation. You may need to cover some of these costs
<p><b>BACKFILL/STUDY LEAVE</b></p>		Backfill is available to your employer if your position is required to be backfilled while you attend study days. We will advise your employer directly regarding the number of days available from CTA.	Please check your prospective papers to see how many study days are required. This support is provided so that you do not have to take Annual Leave to attend study days
<p><b>CLINICAL / CULTURAL SUPERVISION</b></p>		Clinical or cultural supervision is the provision by an appropriately qualified individual, of coaching and mentoring to support the trainee to meet the requirements of the training programme	Please be specific about the type and frequency of clinical or cultural supervision required

## PAYMENT AND REIMBURSEMENT OF FEES/TRAVEL/ACCOMMODATION

- Applicants from TDHB**.....**Your fees** will be paid directly to your training provider on production by you, of their tax invoice.  
**Travel and accommodation** will be paid to you quarterly in advance depending on the course of study. Confirmation of enrolment is required. You must submit your claim form to Te Roopu Paharakeke Hauora / Maori Health unit so your CTA funding portion can be paid to you in your next payroll run.  
**Backfill whilst on study leave** will be arranged between Te Roopu Paharakeke Hauora and your employing department  
**Clinical or cultural supervision** will be arranged by agreement depending on the nature of the supervision required.
- Applicants from non TDHB organisations** .....**Your fees** will be paid directly to your training provider on production by you, of their tax invoice.  
**Travel and accommodation** will be paid to you quarterly in advance depending on the course of study. Confirmation of enrolment is required. You must submit your claim form to Te Roopu Paharakeke Hauora / Maori Health unit, Taranaki DHB so your CTA funding portion can be paid to you on the 20<sup>th</sup> of the month following receipt.  
**Backfill whilst on study leave** will be arranged between Te Roopu Paharakeke Hauora and your employing organisation  
**Clinical or cultural supervision** will be arranged by agreement depending on the nature of the supervision required. This

**IMPORTANT - PLEASE NOTE** that due to this being the first funding round for this class of CTA support, TDHB 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:
  - A copy of the tertiary provider flyer or internet print out of the paper/s you are studying in 2010 - to include course details and fees (where possible using 2010 info, otherwise 2009 details are acceptable).

**How will your study contribute to your academic career plans (short term and long term goals)?**

.....

.....

.....

.....

**CLINICAL / CULTURAL SUPPORT**

If you are applying for cultural or clinical supervision please state the name, location and qualification of the person you will get to supervise you:

**Name:** ..... **Location:** ..... **Qualification**

**How often will you meet with your supervisor and how long will you meet for (e.g. 1 hour per week over 12 weeks)?**

**ENROLMENT AT MY TERTIARY PROVIDER**

- I understand that it is my personal responsibility to enrol with my tertiary provider, not TDHB's responsibility.
- I understand that it is my responsibility to ascertain study day dates and course requirements from my tertiary provider's course material or Course Co-ordinator.

**MANAGER'S SECTION**

**Your manager/employer to complete:**

Is this study relevant to the learning needs/career plan of the staff member?..... Y / N

Is this study consistent with identified priorities and service goals/direction for the organisation? ..... Y / N

Does this individual contribute to the organisation (e.g. resource role, protocol development, etc)? ..... Y / N

Do you support the applicant to undertake this programme/paper(s) and their release for study days? ..... Y / N

Will it be necessary to backfill the employees role while they attend studies? ..... Y / N

If so how will you do this (e.g. existing staff, hire temporary staff) and what will it cost you in wages? .....

.....

Please confirm that you would not require the employee to take Annual Leave to undertake this study in the event that the training programme is approved for CTA funding

..... Y / N

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 accept and understand that CTA funding supports my financial cost and that I may have to pay part of the course costs myself.
- If I don't complete the course (for reasons other than special circumstances) I may need to repay any funding received in full, to TDHB.
- If I need to withdraw from a paper/study I will make every effort to access a full refund prior to the tertiary institution withdrawal cut off date (refund cut off is usually within two weeks of commencement date).
- If I need to withdraw from a paper/study it is my responsibility to advise my training provider and TDHB without delay.
- I will provide a copy of my official results at the end of each semester without delay to: **Jackie Broughton - Taranaki CTA Programme Coordinator**, Te Roopu Paharakeke Hauora, Manawa Ora, TDHB, Private Bag 2016, New Plymouth.
- TDHB may seek confirmation of course completion and grade from the tertiary provider involved.
- I will contact the **Taranaki CTA Programme Coordinator** immediately any changes occur to my enrolment (e.g. withdrawal, cancellation of paper). Contact is Te Roopu Paharakeke Hauora / Maori Health, 06 753 6139 extn 7656, or e-mail [jackie.broughton@tdhb.org.nz](mailto:jackie.broughton@tdhb.org.nz).
- I agree to share information gained from my course of study with other Maori people/groups if requested.
- I agree to complete a quality improvement notification related to the study I have undertaken.
- I agree to my information being shared with CTA as part of a CTA audit of TDHB's funding processes.
- I confirm that I have completed this application myself.

**Applicant's Name**.....

**Applicant's Signature** .....

**Date**.....

**PLEASE REFER TO THE CHECKLIST ON THE NEXT PAGE BEFORE SENDING YOUR APPLICATION TO TDHB**

## CHECKLIST

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

- ..... Attached a photocopy of your course information (e.g. course flyer or tertiary provider information), including:
  - Course number and full name
  - Number of study days per paper for each semester
  - Dates of study days per paper (so number of travel days can be assessed)
  - Verified cost of paper/s being undertaken
- ..... Attached your letter supporting your application
- ..... Completed **all** details on pages 1-9
- ..... Signed this form as the applicant (page 10)
- ..... Obtained your manager's signature (page 9)
- ..... 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**

**CLOSE OFF DATE IS 4.00PM, 20 NOVEMBER 2009**

**Please send or deliver this form to**

**Jackie Broughton**  
Taranaki Base Hospital  
Te Roopu Paharakeke Hauora  
Manawa Ora  
Private Bag 2016  
New Plymouth 4342

**We will confirm receipt of  
your application to the  
email address you have  
provided**

**What do I do next?...**

**First time enrolments** Complete your Application for Admission to your training provider and send off promptly

**Returning students** Contact your training provider directly

**If you require an application form contact your training provider or locate it online**

**For further assistance please contact: Jackie Broughton - Taranaki CTA Programme Coordinator, Te Roopu Paharakeke Hauora Maori, Taranaki DHB**  
06 753 6139 extn 7656, or e-mail [jackie.broughton@tdhb.org.nz](mailto:jackie.broughton@tdhb.org.nz)