



Mary Potter Hospice Scholarship

Whetū i te Rangi – Symposium, 7 August 2020

Mary Potter Hospice is committed to growing health care professionals in palliative care. Health inequity and the underpinning related issues are high on our agenda which is reflected in the aim of the Symposium.

Thanks to the ongoing support and generosity of our national partner, the Ngā Pae o te Māramatanga, we are delighted to offer scholarships for our 2020 Symposium, Whetū i te Rangi.

Criteria & Conditions:

- Applicants must be New Zealand residents or citizens.
- Applicants must be involved in Māori health and/or wellbeing.
- All applications meeting the criteria will be considered by the Symposium Team.
- Applicants will be notified by email if they have been successful. The applicant will then be registered for the Symposium.

Timelines:

- Closing date for applications is **5pm 22nd May, 2020.**
- Successful applicants will be notified by **29th May, 2020.**
- We will then require formal confirmation and acceptance by **5th June, 2020.**

Check List:

Please include the following with your application.

- Completed Application form.
- Completed Declaration.



Whetū i te Rangi Symposium

Friday 7 August 2020

Te Whanganui-a-Tara, Wellington
Aotearoa, New Zealand

A Symposium for enhancing care
towards the end of life for Māori



SCHOLARSHIP APPLICATION FORM: Whetū i te Rangi Symposium, Mary Potter Hospice

PREFERRED NAME:		
First Name:		
Surname:		
I am employed by:		
Position/role: <i>(details)</i>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time <i>(no. of hrs)</i>
	<input type="checkbox"/> Volunteer <i>(details)</i>	
Length of time in current position/role:		
<input type="checkbox"/> New Zealand resident	<input type="checkbox"/> Māori	Ethnicity <i>(self-identify)</i>
CONTACT DETAILS		
Postal address:		
Daytime contact telephone number:		
Mobile number:		
Email:		
Please select your preferred method to be contacted:		
<input type="checkbox"/> Telephone (Daytime)	<input type="checkbox"/> Mobile:	<input type="checkbox"/> Email:

KOROWAI MĀORI			
Iwi	1.	2.	3.
Hapu	1.	2.	3.



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Why you would like to receive a scholarship, including your development and personal goals?

Statement on how you hope the Symposium will improve and impact on your professional practice and role.



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Description on how you will share the conference information with your colleagues.

Applicant's declaration

- To the best of my knowledge all information given in this application is true and correct.
- I understand that this scholarship covers the symposium registration fees only.
- If successful, associated costs are my responsibility (e.g. travel, accommodation etc.).
- It is preferred that the scholarship can only be transferred after discussion with Mary Potter Hospice.
- If I am successful in my application, upon acceptance I agree to notify Mary Potter Hospice immediately if I am no longer able to attend the symposium so that someone else can receive the scholarship.

Name of applicant (please print):

Signature of applicant: _____ Date: _____

Completed applications to be emailed to education@marypotter.org.nz by 5pm on Friday 22 May, 2020.