



# WHITI ORA O KAIPARA CHARITABLE TRUST

## WHĀNAU ORA GRANT APPLICATION

**Whiti Ora o Kaipara Whānau Ora Grant supports our Ngāti Whātua o Kaipara members through access to non-public funded Health and Wellbeing services.**

This grant aligns with the strategic objectives as set out in the Ngāti Whātua o Kaipara Rautaki 2018-2050:

- Te Mana o Ngāti Whātua o Kaipara
- Kaitiakitanga
- Commercial Development
- Whānau Ora
- Whānau Development

\*To be eligible, you must be a registered iwi member who resides in Aotearoa.

Are you a current trustee, director, or staff member of Ngā Maunga Whakahii o Kaipara or any of its entities?

☐ Yes ☐ No

Section One Personal details

Section Two Grant purpose

Section Three Payment details

Section Three Declaration

### Grant Timetable

The Whānau Ora Grant is available all year round.

- Applications will only be considered for expenses incurred in the financial year beginning April 1st and ending March 31st.

## 1. Personal details

Full Name:

Member Number:

Date of Birth (d-mm-yyyy):

Email Address:

Legal Guardian's Full Name: (if you are under 18 years)

Applicant's Phone Number:

Legal Guardian's Phone Number:

Postal Address:

Legal Guardian's Signature

Post Code:

**Note:** Your legal guardian does not have to be a registered member with Ngāti Whātua o Kaipara.

## 2. Grant Purpose

*Grant Purpose (Invoices/receipts will only be accepted for the [3] categories listed below)	Supplier (Health Provider) (e.g. Lumino, Spec Savers)	Sum to allocate (within Max Cap)	Maximum Cap	^ Invoice(s)/ Receipt(s) Attached ✓
Dental		\$	\$300 ~ Combined Cap	<input type="checkbox"/>
Optometry (e.g. prescription glasses)		\$		<input type="checkbox"/>
Audiology (e.g. hearing aids)		\$		<input type="checkbox"/>
	Total Amount Requested:			

\* **Grants are not available for any other category** (e.g. publicly funded services such as GP referrals to counselling/gym, MOH funded services, dental health care for applicants 17 years or younger etc). Only the categories listed above will be considered.

<sup>A</sup> Please ensure that your attached invoice(s) or receipt(s) clearly state the provider or suppliers name, purchase date, your full name (or your guardian's full name), expense details (that match the grant purpose(s) above and the cost(s) incurred. Scanned invoices are preferred.

~ Grants for Dental, Optometry & Audiology costs have a combined (annual) cap of \$300 for each applicant.

(e.g. \$100—Dental, \$100 Optometry and \$100 Audiology or \$300-Dental)

*Note: The cap mentioned above only applies to Whānau Ora Grant Applications.*

Have you applied elsewhere for financial support for your health & wellbeing?

If yes,

- please list the provider(s) and the total amount(s) you are requesting.

☐ Yes      ☐ No

1.	\$
2.	\$

### 3. Payment Details

Please tick which payment details you have attached? **Payment details must be attached when submitting this application form.**

- ☐ Tax Invoice or Receipt
- ☐ Bank Account Details

For reimbursements, attach your bank account verification and record your bank account number below:

[illegible]

#### 4. Declaration

**By submitting this form, I (the applicant) agree and declare that all the information provided is true and correct.**

- I understand that Whiti Ora o Kaipara Charitable Trust and my supplier (Health Provider) listed, may share my information
  - I agree to my information being used for reporting and marketing purposes
  - I understand that the terms of this Grant Programme can be amended at any time, with suitable notice provided
  - I understand that I can only apply for a grant category once, in any financial year and that my annual maximum entitlement is \$300 (all categories combined)
  - I accept that my application will be assessed on merit with priority given to first time applicants in any financial year.
  - I understand that my application does not imply automatic entitlement to grants, and that caps are the maximum amount a grant will pay **up to**, based on funding available each year.
  - I confirm that all documentation required for this application is attached including tax invoices, receipts, and bank account details.

## Privacy Statement

Whiti Ora o Kaipara Charitable Trust uses the information collected to consider applications and administer successful Grant applicants. Your information (except for your bank account records) is held by Whiti Ora o Kaipara Charitable Trust who may use your information for research and statistical purposes. You have the right to access your information and request corrections if you believe the information held is inaccurate.

Applicant's Signature:

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Date (d-mm-yyyy):

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**Please email your completed application **with attachments** to—[grants@kaiparamoana.com](mailto:grants@kaiparamoana.com)**

**Whiti Ora o Kaipara Charitable Trust**  
16 Commercial Road, PO Box 41—Helensville 0800  
<https://www.kaiparamoana.com>