

# PUKEROA ORUAWHATA CHARITABLE TRUST

(REGISTERED AS A CHARITABLE ENTITY UNDER THE CHARITIES ACT 2005 – NO.CC 54811)

## Application for a HEALTH GRANT

APPLICANT DETAILS:		
Name of Applicant:	_____ Surname (Ingoa)	_____ First Name/s (Ingoa)
Address:	_____	
		Post Code:
Home phone:	Mobile:	E-mail:
Date of Birth:	(attach evidence of age)	
Personal Photo ID	(attach driver's license or passport)	

PUKEROA ORUAWHATA TRUST SHAREHOLDER or DESCENDANT OF SHAREHOLDER DETAILS:		
Name of Shareholder: (the owner of the shares)	_____ Surname (Ingoa)	_____ First Name/s (Ingoa)
Share Register ID No:		
PUKEROA ORUAWHATA TRUST WHANAU TRUST SHAREHOLDER DETAILS: (If you are a beneficiary of a Whanau Trust).		
Name of Whanau Trust: (only if shares are held in a Whanau Trust)		
Share Register ID No:		
Signed by Applicant:	_____ (By signing this application form, you confirm that you are a beneficiary of the Whanau Trust)	
Trustee of Whanau Trust:	_____ Name of Trustee of Whanau Trust	_____ Signature

NON PUKEROA ORUAWHATA TRUST SHAREHOLDERS ONLY:		
Which of the Six Koromatua of Ngāti Whakaue do you whakapapa to? Please circle. Hurunga te Rangi / Pukaki / Rangi I Waho / Taeotu / Te Roro o te Rangi / Tunohopu		
Whakapapa:	_____ Great Grandfather (Koroua Tuarua)	_____ Great Grandmother (Kuia Tuarua)
	_____ Grandfather (Koroua)	_____ Grandmother (Kuia)
	_____ Father (Matua)	_____ Mother (Whaea)

FINANCIAL DETAILS:			
Amount requested:	\$		
Payment to:	PLEASE SELECT ONE <input checked="" type="checkbox"/> :		
	Reimburse me <input type="checkbox"/>	<i>or</i>	Pay Supplier <input type="checkbox"/>
Bank Account No:	Required only if you are seeking reimbursement.		(attach verified bank deposit form)
Other organizations applied to for assistance with these costs:			
PURPOSE AND DOCUMENTATION: Please circle.			
EYE HEALTH (up to \$400 max)	ORAL HEALTH (up to \$400 max)	HEARING HEALTH (up to \$400 max)	OTHER (at the Trustees' discretion)
Quote:	(attach quote)		
Receipt/s:	(attach receipts if payment already made)		
Will the treatment/service be undertaken in New Zealand?		YES	NO

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:		
Signed by Applicant:		Dated:

**IMPORTANT: Please read and complete CHECKLIST below**

Health Grant Policy and Criteria:

1. Payment direct to the applicant will only be made if a receipt confirming payment is attached to this form and will be paid direct into the applicant's bank account. Please attach a verified bank deposit form.
2. Where the grant has been approved based on a quote, payment will be made on completion of the treatment and on receipt of an invoice provided by the supplier.
3. **One** Health grant for **either** eye, oral, ear or other health only – **not** a combination thereof, in any 12 month period.
4. For 'OTHER' health issue related costs, approval will be granted at the Trustees discretion.
5. Quoted work must be completed within 12 months.
6. Any increase/decrease in grant limits will not be backdated. POCT reserves the right to amend grant values from time to time.
7. The applicant must disclose any other funding received or applied for from other organizations for the same quote or invoice.
8. Submission of an application is acceptance and acknowledgement that the information provided will be shared with Ngāti Whakāue Tribal Lands Incorporation.
9. Reimbursements will be made within the month following authorization for payment by the Trust.
10. There will be no urgent requests and no correspondence will be entered into once a decision has been made.

Checklist  - Remember – you **MUST complete** and **attach to this application the following or your application will not be processed.**

- All applicable sections are completed
- Copy of **Personal Photo ID** which includes your date of birth (e.g. driver's license or passport).
- Your own **Bank account deposit form** – verified/signed by bank (if payment has already been made).
- Receipt or Quote**

**Please forward your application to:**

Pukeroa Oruawhata Charitable Trust. PO Box 12031 · ROTORUA 3045 · Level 1 · Pukeroa Oruawhata House · 1176 Amohau Street · ROTORUA  
Email: [grants@pukeroa.co.nz](mailto:grants@pukeroa.co.nz) 07 9299806

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