

# PUKEROA ORUAWHATA CHARITABLE TRUST

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

## HEALTH GRANT APPLICATION

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	Whanau Trust Trustee Signature

## NON PUKEROA ORUAWHATA TRUST SHAREHOLDERS ONLY:

PLEASE PROVIDE YOUR FULL WHAKAPAPA TO ONE OF THE 6 KOROMATUA OF NGĀTI WHAKAUE AS LISTED BELOW ON A SEPARATE PAGE:

Hurunga te Rangi / Pukaki / Rangi I Waho / Taeotu / Te Roro o te Rangi / Tunohopu

### 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)
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### FINANCIAL DETAILS:

Payment to:	PLEASE SELECT ONE <input checked="" type="checkbox"/> : Reimburse me <input type="checkbox"/> <b>or</b> Pay Supplier <input type="checkbox"/>
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Bank Account No:	Required only if you are seeking reimbursement.	(attach evidence of bank account number or deposit form)
Other organizations applied to for assistance with these costs:		
Quote:		(attach quote)
Receipt/s:		(attach receipts if payment already made)
Will the treatment/service be undertaken in New Zealand?	YES	NO
<b>I DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:</b>		
Signed by Applicant:		Dated:

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

**Health Grant Policy and Criteria:**

1. Reimbursement to the applicant must be supported by a receipt **itemising treatment or purchase**.
2. For applicants seeking reimbursement for costs paid via WINZ, the grant will only cover the WINZ loan. Please attach the WINZ **repayment schedule**.
3. Approved applications based on a quote - the supplier will invoice Pukeroa on completion of treatment.
4. **One** Health grant for **either** eye, oral, ear or other health only – **not** a combination thereof and is limited to one Health Grant in any 12 month period. Quoted work must be completed within 12 months.
5. For 'OTHER' health related costs, approval will be granted at the Trustees discretion.
6. The applicant must disclose any other funding received or applied for from other organizations for the same quote or invoice.
7. In signing the application, the applicant acknowledges that information provided may be shared with Ngāti Whakaue Tribal Lands Incorporation and that the service provider may be contacted to confirm any aspect of the application.
8. The processing of applications is subject to the completeness of the information provided.
9. Grants are at the absolute discretion of the Trustees and no correspondence will be entered into once the decision has been made.
10. There will be no urgent requests.
11. Any increase/decrease in grant limits will not be backdated. POCT reserves the right to amend grant values from time to time.

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, passport*).
- Your own **Bank account deposit slip** or **evidence of bank account number** – (*reimbursement applicants only*).
- Receipt **or** Quote **and** itemised treatment/purchase
- WINZ repayment schedule (*if applicable*).

**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

November 2020