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| **Te Pātaka Whaioranga (Pharmac) Tapuhi Kaitiaki Awards application** | |
| **Personal Information** | |
| First name: |  |
| Last name: |  |
| NZNO Membership number: |  |
| Nurse registration number: |  |
| Date of birth: |  |
| Gender: (Female, Male, Gender Diverse) |  |
| Email address: |  |
| Day phone: |  |
| Mobile phone: |  |
| Preferred contact method: |  |
| Unit: |  |
| Street: |  |
| Suburb: |  |
| City: |  |
| Postcode: |  |
| Alternative contact's name: |  |
| Alternative contact's phone number: |  |
| Alternative contact relationship: |  |
| Iwi: (\*Mandatory) |  |
| Hapū: (\*Mandatory) |  |
| Marae: |  |
| Whakapapa document: |  |
| Study location or intended study location: |  |
| Student ID number: |  |
| Copy of Student ID: |  |
| Year of study programme: |  |
| Full time or Part time: |  |
| Part time hours: |  |
| Evidence of enrolment in course of study: |  |
|  |  |
| Course name: |  |
| Course provider: |  |
| Course cost: |  |
| Topics covered: |  |
| Other course details: |  |
| Awards category: |  |
| Reflections/Aspirations: |  |
| Essay: |  |
| Photograph: |  |
| Budget for course attendance: |  |
| Confirmation: | I also give permission for my name and photo to be made available for promotion of this award and declare the contents of this application form to be a true and correct record. |