

Pacific Oral Health Scholarship Application

Section one – Personal details

First name	Family name
Date of birth	Gender
Address	
Phone (home)	Phone (work)
Mobile	Fax
Email	

Educational record

Please detail any previous study you have undertaken:

Institution	Place and country	Years attended		Qualifications obtained
		From	to	

Bursaries, scholarships, grants

Please list any other bursaries, grants, or financial assistance you will receive to assist your studies in 2016:

Section 2 – proposed programme of study

1. Have you already applied to study at the University of Otago in 2016?

2. How will you study?

Internal (regularly attending classes)

3. Do you intend to study full-time or part-time?

Section 4 – Referees

Please provide the contact details of a referee (can be an employer) and an academic referee or Pacific community leader or other appropriate person. Please advise these people that you have supplied their name and contact details to support your application as they will be contacted.

Name and Address	Relationship to you	Phone Number	
		Home/cell	Work
1. Academic, Tutor, Lecturer, Teacher			
2. Other Appropriate Person			

Section 5 – Commitment to Pacific Health

If you require additional writing space, please attach your answer on a separate piece of paper

12. Please describe your understanding of Pacific health (can be in a holistic manner and include mental health).

13. Please describe your experience / involvement in Pacific health or social services?

14. How would this programme of study contribute to your development and commitment to Pacific health in the Wairarapa, Hutt Valley & Wellington DHB region?

- Copy of your confirmation of enrolment from the Tertiary Education Institute (if you have received it).
- Attach an original bank verified deposit slip.

Section 7 – Declaration and important notice

I consent to the disclosure of personal information on this form to the selection panel for the purpose of assessing my application.

If I am a successful candidate, I agree that the Wairarapa, Hutt Valley & Capital Coast DHBs may use my scholarship and personal details or images on positive publicity for the initiative.

I agree that Wairarapa, Hutt Valley & Capital Coast DHBs are able to contact the tertiary education institution I choose to study with and my employer to discuss study progress and enrolment coordination.

I confirm that all the information supplied in support of my application for a scholarship is accurate at the date of signing and the supporting documentation is enclosed.

I agree that I will notify Wairarapa, Hutt Valley & Capital Coast DHBs if I am successful in another scholarship application or other funding and they have the right to revisit my application.

I have read and understand the terms and conditions of the Pacific Oral Health Scholarship for which I am applying and agree to abide by them.

SIGNED.....

DATE:

PRIVACY ACT

Wairarapa, Hutt Valley & Capital Coast DHB undertakes to collect, use and store the information you provide in this application according to the principles of the Privacy Act 1993

Please email or post or deliver the completed form with attachments by 5pm, Friday 25 September 2015

Hutt Valley DHB
Private Bag 31-907
Lower Hutt

Attention: Tofa Suafole Gush

If you have any queries about the application, please contact Fuao Stowers at Fuao.stowers@huttvalleydhb.org.nz or by phone on 570-9247 or Tofa Suafole Gush at [Tofa Suafole.Gush@huttvalleydh.org.nz](mailto:Tofa_Suafole.Gush@huttvalleydh.org.nz) or phone on 570-9367