



2018 APPLICATION FORM

Whether you want to learn to scuba dive or you already scuba dive, this scholarship may be for you. A key priority area for Te Rūnanga a Rangitāne o Wairau Trust is Te Taiao (Fisheries/Resource Management and Environmental Sciences). Te Rūnanga a Rangitāne o Wairau Trust have partnered with the Blenheim Dive Centre to offer four placements on a diving course. Consideration will be given to participation on a PADI Open Water Diver course or PADI continuing education such as Advanced Open Water Diver; SCUBA Refresher; Aquaculture Diver; Master Scuba Diver; or Rescue Diver. Each scholarship is valued up to \$750.

CRITERIA	<p>To be accepted on one of these courses you must:</p> <ul style="list-style-type: none"> • Be at least 12 years of age. • Have adequate swimming skills. • Be in good physical health. • Be verified as Rangitāne o Wairau whānui by having a membership number on the Te Rūnanga a Rangitāne o Wairau Trust database. • Meet requirements as set out by the Blenheim Dive Centre which includes completion of a PADI Medical Statement with your doctor and being able to complete the pool time and sea time in/around Blenheim.
CLOSING DATE	<ul style="list-style-type: none"> • There are four scholarships available. • Applications will close when all placements are full. • Te Rūnanga a Rangitāne o Wairau Trust will contact you upon receipt of your application and will let you know of any decision by phone.
DOCUMENTATION REQUIRED	<p>The following documentation is required:</p> <ul style="list-style-type: none"> • Completed application form. • Membership number as verification that you are registered on the Te Rūnanga a Rangitāne o Wairau Trust database. • Scholarship applicants are responsible for the completion of a PADI Medical Statement with your doctor.
SUCCESSFUL COMPLETION	<ul style="list-style-type: none"> • Certification is awarded by the Blenheim Dive Centre on behalf of PADI when you have been assessed by the Blenheim Dive Centre as satisfactorily completing the class time, pool time and sea time. • Recipients are asked to attend the Te Rūnanga a Rangitāne o Wairau Trust AGM.

Please ensure that all sections are completed fully. This form should be completed electronically.

YOUR PERSONAL DETAILS

LASTNAME		MEMBERSHIP NO.
FIRSTNAME		HOME PHONE
ADDRESS		MOBILE
STREET		EMAIL
SUBURB		
TOWN / CITY	POSTCODE	DATE OF BIRTH DD / MM / YYYY

YOUR INTENDED COURSE OF STUDY

WHAT IS YOUR INTENDED COURSE OF STUDY?

- | | |
|---|---|
| <input type="checkbox"/> PADI OPEN WATER DIVER COURSE | <input type="checkbox"/> AQUACULTURE DIVER COURSE |
| <input type="checkbox"/> ADVANCED OPEN WATER DIVER COURSE | <input type="checkbox"/> RESCUE DIVER COURSE |
| <input type="checkbox"/> SCUBA REFRESHER COURSE | <input type="checkbox"/> OTHER PADI CONTINUING EDUCATION COURSE |

POST TO:

MĀTAURANGA
TE RŪNANGA A RANGITĀNE O WAIRAU TRUST
PO BOX 883
BLENHEIM 7240

OR EMAIL TO:

ADMIN@RANGITANE.ORG.NZ

CHECKLIST:

- MEMBERSHIP NUMBER
- COMPLETED APPLICATION FORM
- COMPLETED MEDICAL FORM
- PASSPORT SIZED PHOTO
- APPLICATION SUBMITTED BY DUE DATE



YOUR HAPU / IWI DEVELOPMENT ASPIRATIONS

Provide a typed essay of no more than 500 words on what inspired you to select your course of study and what contribution you hope to make to the marine, fisheries and aquaculture industries and to Te Rūnanga a Rangitāne o Wairau Trust.

IWI PARTICIPATION

I am available to dive for Te Rūnanga a Rangitāne o Wairau Trust. Please contact me.

YES

NO

DECLARATION

- I certify that all information supplied in this application form is correct and true. I know that if the information supplied is incomplete or inaccurate my application will be invalid and declined, without any right of review.
- If I am successful I will supply the office with a brief report and photos within 12 weeks of course completion so that my experience/success may be shared with Rangitāne o Wairau whānui.
- I consent to this information being used for marketing and communications by Te Rūnanga a Rangitāne o Wairau Trust.
- Note that if you are under the age of 18 years, Te Rūnanga a Rangitāne o Wairau Trust will not use this information for marketing or communications without the express consent of your parent or legal guardian.*

SIGNED

DATED DD / MM / YYYY

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