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| **Te Pātaka Whaioranga (PHARMAC) Tapuhi Kaitiaki Awards application** | |
| **What award are you applying for (please circle):**  **Māori Nurse Mātauranga Award / Nurse Practitioner or Nurse Prescribing Award**  ***If you are applying for both awards, please submit two separate applications.*** | |
| **Personal Information** | |
| First name: |  |
| Last name: |  |
| NZNO Membership number: |  |
| Nurse registration number: |  |
| Date of birth: |  |
| Gender: (Female, Male, Ia, Gender Diverse) |  |
| Email address: |  |
| Contact phone: |  |
| Iwi: (Mandatory) |  |
| Hapū: (Mandatory) |  |
| Marae: |  |
| Whakapapa document: |  |
| Copy of Student ID: |  |
| Year of study programme: |  |
| Evidence of enrolment in course of study (including confirmation of full time / part time): |  |
| Course name: |  |
| Course provider: |  |
| Course cost: |  |
| Topics covered: |  |
| Reflections/Aspirations: |  |
| Other course costs: |  |
| Essay: |  |
| Photograph: |  |
| 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.  Signed:  Date: |

**Please submit your application and additional documents to** [**hui@nzno.org.nz**](mailto:hui@nzno.org.nz) **no later than 11:59pm Tuesday 15 July 2025.**