

# 2012 POST GRADUATE FUNDING (HWNZ) APPLICATION FORM FOR REGISTERED NURSES

Applications for post graduate funding are received annually  
and close on **Friday, 14 October 2011 at 4.30pm**

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

## PERSONAL DETAILS

Please read and tick

I understand that I need to complete all details below or my application will be considered incomplete.

.....  
First name(s)

.....  
Surname

.....  
Preferred name

.....  
E-mail address Mandatory requirement - we will  
communicate with you via e-mail

.....  
Work postal address

.....  
Work phone (include extn)

.....  
Mobile phone

.....  
Home phone

| Complete if <u>employed by TDHB</u> |   | Complete if <u>employed in primary sector/aged care</u>                               |   |
|-------------------------------------|---|---|---|
| Job title                           |   | Job title   |   |
| RN                                  | Y / N   | RN  | Y / N   |
| Based at                            | <input type="checkbox"/> Base <input type="checkbox"/> Hawera <input type="checkbox"/> _____  | Employer  |   |
| Area                                | _____<br>(e.g. Ward 1, Outpatients, HIP)  | Employer's postal address   |   |
| Employed by TDHB for                | .....years ..... months   | Employed by current employer  | .....years ..... months   |
| Employment type                     | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary<br><input type="checkbox"/> Perm Casual <input type="checkbox"/> Casual | Employment type   | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary<br><input type="checkbox"/> Perm Casual <input type="checkbox"/> Casual |
| FTE (circle one)                    | 0.1/0.2/0.3/0.4/0.5/0.6/0.7/0.8/0.9/1.0<br>(e.g. 1 day per week = 0.2 FTE full time = 1.0 FTE)  | FTE (circle one)  | 0.1/0.2/0.3/0.4/0.5/0.6/0.7/0.8/0.9/1.0<br>(e.g. 1 day per week = 0.2 FTE full time = 1.0 FTE)  |
| <b>Your Line Manager</b>            |   | <b>Your Line Manager/Employer contact details</b><br>(whoever signs your application) |   |
| Name                                |   | Name  |   |
| Job Title                           |   | Job Title   |   |
| Extn                                |   | Phone   |   |
|                                     |   | E-mail  |   |
|                                     |   | Postal Address  |   |

## POST GRADUATE STUDY IN 2012

Please read and tick

- I understand that I need to provide a finalised plan of study with paper number and name and qualifications included below or my application will be considered incomplete.

Please contact Chris Gruys, Post Graduate Co-ordinator if you are unsure about your study pathway or need to discuss cross credit of qualification  
- 06 753 777 extn 7328 or Chris.Gruys@tdhb.org.nz

Please list your chosen papers for 2012 below - we have provided details of University of Auckland (UoA) papers intended for local delivery in Taranaki - subject to numbers

| Paper No   | Tick if enrolling        | Paper Name   | Sem 1<br>Sem 2<br>Full year<br><small>Circle one</small> | Paper is run<br><u>Locally/Online/</u><br><u>Away</u><br><small>(state location if away)</small> | No of Study Days Funded | Tertiary provider<br><small>e.g. UoA/AUT/WINTEC</small> | Paper Points<br><small>e.g., 15, 20, 30, 40, 60</small> | Fee<br><small>Put paper fee only, not additional administration fees, use 2010 figures if 2011 figures not yet available</small> |
|--|--------------------------|--|--|--|-------------------------|---|---|--|
| N742   | <input type="checkbox"/> | Biological Science for Practice                            | 1 or 2   | Online   | 3                       | UoA   | 30  | \$2,200 approx   |
| N714/758   | <input type="checkbox"/> | Nursing Practicum/Developing Clinical Expertise in Nursing | 1  | Local  | 6                       | UoA   | 30  | \$2,200 approx   |
| N773   | <input type="checkbox"/> | Advanced Assessment & Clinical Reasoning                   | 2  | Local  | 6                       | UoA   | 30  | \$2,200 approx   |
| N738   | <input type="checkbox"/> | Long Term Condition Management in Primary Health Care      | 1  | Local  | 6                       | UoA   | 30  | \$2,200 approx   |
| N771   | <input type="checkbox"/> |  | 2  | Local  | 6                       | UoA   | 30  | \$2,200 approx   |
| <b>Enter other papers below (e.g. other UoA or other tertiary provider papers)</b> |                          |  |  |  |                         |   |   |  |
|  |                          |  | 1 2 F  | L O A  |                         |   |   |  |
|  |                          |  | 1 2 F  | L O A  |                         |   |   |  |
|  |                          |  | 1 2 F  | L O A  |                         |   |   |  |
|  |                          |  | 1 2 F  | L O A  |                         |   |   |  |

**Locally run papers listed above will be available locally if sufficient numbers are enrolled and committed to study in 2012**

In 2012 what qualification are you working towards?.....  Post Grad Certificate  Post Grad Diploma  Masters please tick one

What is your qualification specialty?.....  Health Sciences  Other \_\_\_\_\_ please identify

Will you begin this qualification in 2012? ..... Y / N **If NO, when did you begin?**  Semester 1  Semester 2 20\_\_\_\_ please identify semester and year

Will you complete this qualification in 2012..... Y / N **If YES, which semester?**  Semester 1  Semester 2

## POST GRADUATE STUDY HISTORY

Please read and tick

- I understand that I need to provide details of my previously completed post graduate nursing qualifications and post graduate funding received.
- I understand that if I have not studied at post graduate level before I will be required to complete a 15 minute Mapping Tool exercise with Chris Gruys to assist in planning my study path and assessing my current skills and training needs prior to commencing study. I will contact Chris to arrange a time.

Please contact Chris Gruys, Post Graduate Co-ordinator regarding cross crediting qualifications - 06 753 777 extn 7328 or Chris.Gruys@tdhb.org.nz

I already hold a Post Graduate qualification/s..... Y / N      If YES provide details below, if NO go to next section below

Qualification held ..... Year gained..... Tertiary Provider.....

Qualification held ..... Year gained..... Tertiary Provider.....

I have already completed Post Graduate papers but have not achieved a Post Graduate qualification      Y / N

If YES please detail papers below, if NO go to next page

| Paper Name   | Year studied | Result<br>Passed/Failed/Withdrawn | Tertiary provider<br>e.g. UoA/Massey/WINTEC | Post graduate funding<br>received through TDHB? |
|--|--------------|-----------------------------------|---|---|
| <b>New Grads: Please list the new grad paper N770 below if you are doing this course in 2011</b> |              |                                   |   | Y / N   |
|  |              |                                   |   | Y / N   |
|  |              |                                   |   | Y / N   |
|  |              |                                   |   | Y / N   |
|  |              |                                   |   | Y / N   |
|  |              |                                   |   | Y / N   |
|  |              |                                   |   | Y / N   |
|  |              |                                   |   | Y / N   |

## OTHER FUNDING APPLIED FOR

Please read and tick

- I understand that I need to provide details of any other funding requested for my 2012 papers that I am currently seeking post graduate funding for. If the other funding is successful this could reduce the level of financial support I receive from this application. Failure to complete this section will render my application incomplete.

I have requested assistance from other funding streams ..... Y / N

If YES provide details below, if NO go to next section below

Name of Fund ..... \$ ..... To fund ..... Fees/Travel/Accommodation/Other .....

Was funding received Y / N / Still awaiting a reply ..... \$ received ..... To fund ..... Fees/Travel/Accommodation/Other .....

I am a new nursing graduate in 2011 ..... Y / N

I am completing the new grad paper in 2011 ..... Y / N

## INFORMATION REQUIRED BY HEALTH WORKFORCE NEW ZEALAND (HWNZ) formerly CTA funding

Please read and tick

- I understand that I need to provide all of the following information or my application will be considered incomplete.

This information is required from all applicants by HWNZ, your information will remain confidential and will not be used for any other purpose.

Are you a NZ Citizen? ..... Y / N If NO, do you hold a NZ Residency permit? ..... Y / N *Funding is only available to NZ citizens or NZ Residency Permit holders*

APC Information Annual Practising Certificate (APC) No. .... Full Name on APC .....

Date of Birth ..... Gender ..... Male / Female

### Ethnicity

Please tick **ONE** option only



- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> European nfd                                  | <input type="checkbox"/> Pacific Island nfd | <input type="checkbox"/> Fijian                      | <input type="checkbox"/> Indian          |
| <input type="checkbox"/> New Zealand European/Pakeha                   | <input type="checkbox"/> Samoan             | <input type="checkbox"/> Other Pacific Island groups | <input type="checkbox"/> Other Asian     |
| <input type="checkbox"/> Other European                                | <input type="checkbox"/> Cook Island Maori  | <input type="checkbox"/> Asian nfd                   | <input type="checkbox"/> Middle Eastern  |
| <input type="checkbox"/> New Zealand Maori                             | <input type="checkbox"/> Tongan             | <input type="checkbox"/> Southeast Asian             | <input type="checkbox"/> Other Ethnicity |
| <input type="checkbox"/> African (or cultural group of African origin) | <input type="checkbox"/> Niuean             | <input type="checkbox"/> Chinese                     |  |
|  | <input type="checkbox"/> Tokelauan          | <input type="checkbox"/> Latin American/Hispanic     |  |

\*nfd = not further defined

## CONFIRMATION OF UNDERSTANDING OF POST GRADUATE FUNDING STRUCTURE

Please read and tick

- I have read the post graduate funding and reimbursement structures detailed on pages 5-6
- I understand the commitment required from me regarding payment of costs and study days

| POST GRADUATE FUNDING  | YOUR COMMITMENT  | YOUR EMPLOYER'S COMMITMENT   |
|--|--|--|
| <p style="text-align: center;"><b>FEES</b></p> <ul style="list-style-type: none"> <li>After you have paid your course fees to your tertiary provider, post graduate funding will <u>reimburse</u> your full fees to you including non course costs such as administration fees/student services fees/building levies.</li> </ul> | <p style="text-align: center;"><b>FEES</b></p> <p><b>TDHB employees are required to:</b></p> <ul style="list-style-type: none"> <li>Enrol with your tertiary provider.</li> <li>Pay your full fees to your tertiary provider.</li> <li>Submit both your receipt from your tertiary provider and your post graduate claim form to TDHB's Nursing Directorate for reimbursement.</li> </ul> <p><b>Primary/Aged Care Sector employees are required to:</b></p> <ul style="list-style-type: none"> <li>Enrol with your tertiary provider.</li> <li>Pay your full fees to your tertiary provider or negotiate with your employer to do so on your behalf (note that your employer's financial support is not an HWNZ requirement, the onus is on you to ensure your fees are paid).</li> <li>Provide your employer with a receipt from your tertiary provider. <u>Please note that TDHB will only reimburse to your employer, not to you directly.</u></li> </ul> | <p style="text-align: center;"><b>FEES</b></p> <p><b>TDHB employees:</b></p> <ul style="list-style-type: none"> <li>TDHB will reimburse your course fees to you once you have provided a receipt from your tertiary provider and a claim form to the Nursing Directorate.</li> </ul> <p><b>Primary/Aged Care Employees:</b></p> <ul style="list-style-type: none"> <li>Your employer is to provide an invoice to the TDHB on your behalf for reimbursement of your course fees, supported by a receipt of payment from your tertiary provider.</li> <li>Your employer may choose to pay for your enrolment costs on their behalf. Please note that this is not an HWNZ requirement.</li> </ul> |

| POST GRADUATE FUNDING  | YOUR COMMITMENT  | YOUR EMPLOYER'S COMMITMENT   |
|--|--|--|
| <p style="text-align: center;"><b>TRAVEL &amp; ACCOMMODATION</b></p> <ul style="list-style-type: none"> <li>• <b>Travel and accommodation is funded up to \$2,000 per qualification</b> for all papers based out of Taranaki where a one way journey is over 100km. <b>Reimbursement is paid upon presentation of receipts and claim form.</b></li> <li>• This means post graduate funding will provide the following: <ul style="list-style-type: none"> <li>- A paper that makes up half of a PG Cert or PG Dip will have a travel/accommodation component of up to \$1,000</li> <li>- A paper that makes up quarter of a PG Cert or PG Dip will have a travel/accommodation component of up to \$500</li> <li>- A paper that makes up one third of a PG Cert or PG Dip will have a travel/accommodation component of up to \$666</li> </ul> </li> </ul> <p>It is up to the applicant to decide how to split this between travel and accommodation (<i>please note that accommodation is funded at a maximum of \$100.00 per night</i>).</p> | <p style="text-align: center;"><b>TRAVEL &amp; ACCOMMODATION</b></p> <p><b>TDHB employees are required to:</b></p> <ul style="list-style-type: none"> <li>• Submit your travel/accommodation receipts (showing a breakdown of costs) and post graduate funding claim form to TDHB's Nursing Directorate for reimbursement.</li> <li>• Bear the cost of any travel/accommodation costs over and above the funded amount.</li> <li>• Bear the cost of any non fuel related charges on gas station receipts.</li> </ul> <p><b>Primary/Aged Care Sector employees are required to:</b></p> <ul style="list-style-type: none"> <li>• Provide your travel/accommodation receipts (showing a breakdown of costs) to your employer. Please note that TDHB will only reimburse to your employer, not to you directly.</li> <li>• Bear the cost of any travel/accommodation costs over and above the funded amount.</li> <li>• Bear the cost of any non fuel related charges on gas station receipts.</li> </ul> | <p style="text-align: center;"><b>TRAVEL &amp; ACCOMMODATION</b></p> <p><b>TDHB employees:</b></p> <ul style="list-style-type: none"> <li>• TDHB will reimburse your travel/accommodation costs to you (to the stated maximums) once you have provided receipts, showing a breakdown of costs, and a claim form to the Nursing Directorate.</li> </ul> <p><b>Primary/Aged Care employees:</b></p> <ul style="list-style-type: none"> <li>• Your employer provide an invoice to the TDHB on your behalf for reimbursement of your travel/accommodation costs to you (to the stated maximums) and include copies of your travel/accommodation receipts.</li> </ul> |
| <p style="text-align: center;"><b>STUDY LEAVE</b></p> <p><b>Study leave is payable to your employer/clinical area</b></p> <p>Post graduate funding does not reimburse study days directly to you but will reimburse your employer/clinical area for <u>paid</u> study days <u>attended</u> at a rate of \$224.00 per eight hour shift or pro rata thereof (up to 7 days per paper).</p>  | <p style="text-align: center;"><b>STUDY LEAVE</b></p> <p><b>You need to:</b></p> <ul style="list-style-type: none"> <li>• Check with your tertiary provider regarding the study days allocated to your 2011 paper/s.</li> <li>• Discuss your study day requirements with your Line Manager/Employer and ensure you have a shared understanding regarding study/annual leave required for study days prior to submitting this application form.</li> </ul> <p><b>Please ensure you have a clear understanding of your leave commitment before submitting your application.</b></p>  | <p style="text-align: center;"><b>STUDY LEAVE</b></p> <p><b>Line Managers/Employers to:</b></p> <ul style="list-style-type: none"> <li>• Ensure they have a shared understanding with fundees regarding study leave required.</li> <li>• <b>TDHB managers</b> - will be sent a monthly spreadsheet to complete re study days taken.</li> <li>• <b>Primary/Aged Care employers</b> - are required to invoice TDHB at the end of each semester for each funded employee.</li> </ul>  |

## CONFIRMATION OF COMMUNICATION/RELATIONSHIP REQUIREMENTS

Please read and tick

I have read and understand the communication/relationship expectations detailed below

| TDHB   | YOU  | YOUR EMPLOYER/MANAGER'S COMMITMENT  |
|--|--|---|
| <p>TDHB communications will be sent to you by <u>email</u>.</p> <p>TDHB will send you an email confirming that your application form has been received by the Nursing Directorate, if you do not receive this email your application has not been received.</p> <p>Information regarding post graduate funding will be available online under:</p> <p><b>TDHB internet (for all fundees):</b><br/> <a href="http://www.tdhb.org.nz/services/nursing/resources.shtml">http://www.tdhb.org.nz/services/nursing/resources.shtml</a></p> <p>Scroll down to <i>Nursing &amp; Midwifery Professional Development Opportunities</i>, you will find links to the application form, a career planner, frequently asked questions, nursing study skills day, and University of Auckland flyers for planned locally run papers.</p> <p><b>TDHB intranet (for TDHB employees only):</b><br/> <i>Forms/Nursing Midwifery/Nursing and or Midwifery Funding Applications/Post Graduate Funding (HWNZ) for Registered Nurses, or</i><br/> <i>Services/K-O/Nursing Midwifery/Funding options for ongoing education (grey menu on left hand side of screen)/Post Graduate Funding (HWNZ) for Registered Nurses</i></p> | <p><b>Post graduate fundees are required to:</b></p> <ul style="list-style-type: none"> <li>• Photocopy your completed application form before sending it to the Nursing Directorate.</li> <li>• Ensure you receive a confirmation email that your application form has been received by the Nursing Directorate.</li> <li>• Promptly communicate to TDHB any changes that will impact on your post graduate funding, particularly: <ul style="list-style-type: none"> <li>- Change of employer (this may affect your funding eligibility)</li> <li>- Withdrawal from studies (you may be required to repay reimbursed costs)</li> <li>- Failure to enrol (so your unused funding can be reallocated to other applicants if possible)</li> </ul> </li> <li>• Ensure that any proposed changes to funded papers are discussed and agreed with Chris Gruys <b>before</b> making any changes, we cannot guarantee your funding if papers are changed.</li> <li>• Regularly check the In Box of the email address you provided in your application form for messages, updates and requests for information.</li> <li>• Promptly submit claims for reimbursement (TDHB only).</li> <li>• Promptly provide a formal final result at the end of each semester.</li> <li>• Promptly advise your tertiary provider if you withdraw from studies to avoid financial penalty (usually within 14 days of course start date).</li> <li>• Be prepared to repay reimbursements if you do not complete a paper.</li> </ul> | <p><b>Employers/TDHB Managers are required to:</b></p> <ul style="list-style-type: none"> <li>• Promptly communicate to TDHB any changes regarding to the applicant's post graduate funding, particularly: <ul style="list-style-type: none"> <li>- Change of employer</li> <li>- Withdrawal from studies (any costs already reimbursed by TDHB will need to be repaid)</li> <li>- Failure to enrol (so unused funding can be reallocated to other applicants if possible).</li> </ul> </li> <li>• Support TDHB's requests for information from applicants (e.g. requests for copy of final result).</li> <li>• Invoice TDHB for reimbursable costs.</li> </ul> |

## INFORMATION TO BE INCLUDED WITH MY APPLICATION

Please read and tick

- I understand that I need to attach copies of each of the following items or my application will be considered incomplete:
- A copy of the tertiary provider flyer or internet print out of the paper/s you are studying in 2012 - to include course details and fees where possible
  - A Career Planner (compulsory) to support your application. Go to: [www.tdhb.org.nz](http://www.tdhb.org.nz) - Services/N-O/Nursing & Midwifery/Resources for Nurses and Midwives - scroll down to Nursing & Midwifery Professional Development Opportunities / Documents and Links / 4. Careers
  - A brief letter written from you to the post graduate funding committee to support your application.

How does this study contribute to your academic career plans (short term and long term goals)? .....

.....

.....

.....

Please identify your potential career direction in the next five years:

- |  |  |
|--|--|
| <input type="checkbox"/> Clinical Registered Nurse | <input type="checkbox"/> Education role            |
| <input type="checkbox"/> Management role           | <input type="checkbox"/> Advanced nursing practice |

## CULTURAL SUPPORT

Do you require cultural support? ..... Y / N Please contact Chris Gruys, Post Graduate Co-ordinator for further information - 06 753 777 extn 7328 or [Chris.Gruys@tdhb.org.nz](mailto:Chris.Gruys@tdhb.org.nz)

## PROFESSIONAL DEVELOPMENT RECOGNITION PROGRAMME (PDRP)

Please identify your current PDRP level:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Competent  | <input type="checkbox"/> Expert                |
| <input type="checkbox"/> Proficient | <input type="checkbox"/> Not on PDRP programme |

What are your PDRP intentions over the next 12 months?.....

## MANAGER'S SECTION

### Your manager/employer to complete:

Is this study relevant to the learning needs/career plan of the staff member?..... Y / N

Is this study consistent with identified clinical priorities and service goals/direction for the organisation? ..... Y / N

Does this individual contribute to the organisation (e.g. resource role, preceptor, clinical leadership, protocol development, etc)? ..... Y / N

Do you support the applicant to undertake this programme/paper(s) and their release for study days? ..... Y / N

- I have read and understand the funding and reimbursement structures detailed on pages 5-6
- I have read and understand the communication/relationship expectations detailed on page 7
- I have discussed study/annual leave required for study days with the applicant
- I agree to notify TDHB (Leanne Goble or Chris Gruys) without delay if the applicant leaves my employment, does not enrol in funded papers or withdraws from study
- I agree to invoice TDHB for fees, travel/accommodation costs and backfill as applicable

Comment, justification and recommendation .....

.....

.....

.....

Line Manager's Name ..... Manager's Signature..... Date.....

Service Manager's Name ..... Manager's Signature..... Date.....

Your Line Manager will arrange for Service Manager sign off - both signatures are required

## APPLICATION FOR ADMISSION / ENROLMENT AT MY TERTIARY PROVIDER

- I understand that it is my responsibility to apply for admission and to enrol with my tertiary provider, not my employer/TDHB's responsibility.
- I understand that it is my responsibility to ascertain and confirm study day dates and course requirements from my tertiary provider's Course Co-ordinator.

Please contact Chris Gruys, Post Graduate Co-ordinator if you require advice - 06 753 777 extn 7328 or Chris.Gruys@tdhb.org.nz

## BY SIGNING THIS APPLICATION I AGREE THAT:

- I will contact the Taranaki Post Graduate Co-ordinator immediately **ANY** changes occur to my enrolment (e.g. withdrawal, cancellation of paper). Contact is Chris Gruys, 06 753 7777 extn 7328 or Chris.Gruys@tdhb.org.nz.
- If I fail to complete the course (for reasons other than those beyond fair and reasonable causes) I may be required to repay any funding received to TDHB.
- If I need to withdraw from a paper/study I will make every effort to access a full refund prior to the tertiary institution withdrawal cut off date, which will then be repaid to the relevant organisation.
- If I need to withdraw from a paper/study it is my responsibility to advise my tertiary institution and TDHB without delay.
- I accept and understand that post graduate funding supports my financial cost and that there may be some study related costs I will need to cover.
- I will provide a copy of my official results at the end of each semester without delay to: Leanne Goble, EA to Director of Nursing, Nursing Directorate, Corporate Two, TDHB, Private Bag 2016, New Plymouth or Leanne.Goble@tdhb.org.nz.
- TDHB can seek confirmation of course completion and grade from the tertiary provider involved.
- I will disseminate knowledge gained to relevant nursing forums through teaching sessions both in clinical settings and wider education settings, or complete a quality improvement related to study undertaken.
- I agree to my information being shared with the Taranaki Post Graduate Co-ordinator and the tertiary provider.
- I agree to my information being shared with HWNZ as part of a post graduate audit of TDHB's funding processes.

Applicant's Name.....

Applicant's Signature .....

Date.....

**PLEASE REFER TO THE CHECKLIST ON THE NEXT PAGE BEFORE SENDING YOUR APPLICATION IN**

## CHECKLIST

### Before sending this form to us, please ensure that you have:

- ..... Attached a photocopy of your course information from your tertiary provider (e.g. course flyer or printed info from website), including:
  - Course number and full name
  - Number of study days per paper for each semester
  - Dates of study days per paper
  - Verified cost of paper/s being undertaken
- ..... Printed off, completed and attached your Career Planner
- ..... Attached your letter supporting your application
- ..... Completed **all** your personal details
- ..... Signed this form as the applicant (page 10)
- ..... Obtained your manager's signature (page 9)
- ..... Clearly understood the commitment you need to make to post graduate study
- ..... Taken a photocopy of your application for your records

**Incomplete applications will be returned**

**Close off date is 4.30pm, Friday, 14 October 2011**

### Please send this form to

#### **Leanne Goble**

Taranaki Base Hospital  
Nursing Directorate - Corporate Two  
Private Bag 2016  
New Plymouth 4342

### What do I do next?...

#### **First time applicants**

Complete your application for admission to your tertiary institution online prior to **8 December 2011**  
University of Auckland applicants only go to: <http://www.fmhs.auckland.ac.nz/faculty/postgrad/admission-enrolment-s3.aspx>

#### **Returning/New student enrolment**

University of Auckland:... Enrol via [www.auckland.ac.nz](http://www.auckland.ac.nz) Student Services online  
Other providers: ..... Contact your tertiary institution directly for assistance

#### **If you require any further assistance please contact:**

**Chris Gruys - Taranaki Post Graduate Co-ordinator** - 06 753 7777 extn 7328, or e-mail [Chris.Gruys@tdhb.org.nz](mailto:Chris.Gruys@tdhb.org.nz)