

# **'Te Tipuria'**

**WellSouth Pūtea Mahi Whakaahu  
Tono 2018**



***Ko tou rourou, ko taku rourou,  
ka ora ai te Iwi***

**With your resources and our resources,  
our people will prosper**

**Please read the guidelines before filling out this tono**

**1. Rōpū Contact Details**

Name and full contact details of the community-based rōpū, voluntary organisation or social enterprise that you are completing this 'Te Tipuria' Pūtea Mahi Whakaahu tono for.

Rōpū Name: \_\_\_\_\_

Address & Postcode: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position Title: \_\_\_\_\_

**2. Current Rōpū Kai and Hauora Related Mahi**

Describe the main mahi your rōpū does and who benefits. Include details about any kai and hauora related mahi provided by your rōpū. For example, access to mahinga kai, kāmuri hapori, tunu kai classes, food co-ops, growing huarākau or huawhenua, providing paramanawa or kai, healthy kai sessions, a huarākau/huawhenua stall or a food delivery scheme.

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\_\_\_\_\_

**Are you applying for 'Te Tipuria' Pūtea Mahi Whakaahu in partnership with another rōpū?**

Āe

Kāo

If āe, please provide the name and contact details for that rōpū.

Rōpū Name: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Briefly outline your plans to run mahi whakaahu jointly with the rōpū you identified above. For example, you may be working together to arrange a study visit or to do training or plan an event. We may need to contact this rōpū for further information.

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\_\_\_\_\_

**Who will be taking part in your planned mahi whakaahu?**

(Please tick all options that apply)

Kaimahi

Tūao

Management/Board Members

Expected number of people taking part: \_\_\_\_\_

**3. Planned Mahi Whakaahu**

If successful, what will your rōpū use the pūtea mahi whakaahu for? Please give as much detail as you can. For example:

- To go towards training course costs, please tell us about the course: what is the course name, who is delivering it, how it is being delivered, when and where it will be running, and for how long.
- To go towards taking part in a conference or event: what, where and when.
- To go towards other costs associated with training or an event: e.g. childcare, travel or cover for kaimahi.

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**4. Making a Difference**

**WHY is your rōpū applying for 'Te Tipuria' Pūtea Mahi Whakaahu?**

Please describe how and why your rōpū knows your planned mahi whakaahu is needed.

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**How will you put new learning and knowledge from your planned mahi whakaahu into what you do?**

Tell us what your rōpū plans to do after completing your mahi whakaahu.

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## How will you know the new learning and knowledge has made a difference to your rōpū?

How does your rōpū plan to evaluate the impact and outcomes of your new learning and knowledge? For example, a kaimahi/tūao survey shows an increase in confidence when talking with others about healthy kai messages; more kaimahi/tūao can confidently show manākitanga by offering healthier kai choices.

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## 5. Money

**How much pūtea mahi whakaahu is your rōpū applying for?** (\$1,000 maximum) \$\_\_\_\_\_

Please show how your rōpū plans to use the pūtea mahi whakaahu (your budget).

Cost Details	Budget (\$)

**Will your rōpū require extra pūtea to take part in your planned mahi whakaahu (section 3)?**

- Āe                       Kāo

**If āe, do you already have the extra pūtea?** (Tick the best box below)

- Āe – we have some pūtea from the following source(s)  
Name of source(s) providing pūtea: \_\_\_\_\_
- Āe – we are proving some pūtea ourselves
- Kāo – we are waiting to hear back from other sources of pūtea
- Kāo – we are planning to apply to other sources for pūtea

## 6. Tautoko from Rōpū Management/Board Member

### Do rōpū management and/or board members tautoko this 'Te Tipuria' tono?

We might need to contact a management/board member from your rōpū to further discuss your tono for pūtea mahi whakaahu.

Contact Name: \_\_\_\_\_

Position in Rōpū: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Are you interested in hearing the latest news on local kai-based initiatives and events?

In Ōtago and Southland, there are various rōpū passionate about healthy kai systems. The Dunedin-based 'Our Food Network' has a regular electronic newsletter that gives updates on local kai initiatives.

Would you like to receive this newsletter?

Āe

Kāo

### Please return your tono to:

Health Promotion Team,  
WellSouth Primary Health Network,  
Level 1, 333 Princes Street,  
Dunedin 9054.

Email: [health.promotion@wellsouth.org.nz](mailto:health.promotion@wellsouth.org.nz)

# Application for New Supplier Account Status

## WellSouth Primary Health Network

To receive 'Te Tipuria' Pūtea Mahi Whakaahu we require you to open a new 'supplier and provider account' at WellSouth. This is to ensure we have accurate information in our accounting system for communication, payment processing of pūtea and GST validation. Payment of pūtea mahi whakaahu will be made once the completed information below is signed off by the applicant representing the rōpū.

Change to Existing Supplier:  New Supplier:

→ Trading Name:.....

→ Legal Status of Rōpū: Company, Sole Trader, Trust, Partnership or state other:

.....

→ Statutory Name:.....

→ Business Owners Name(s):.....

→ Physical Address of Head Office:.....

.....

→ Postal Address (if different from above):.....

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→ Bank Name:.....

→ Bank Account Number:.....

→ GST Number or IRD Number (sole traders):.....

→ Email Address:.....

→ **You must provide a copy of your latest bank statement header that includes the bank account number or a screen shot of your internet banking system that clearly shows your rōpū name and bank account.**

→ **PLEASE INCLUDE THIS DOCUMENT WITH THIS TONO.**

→ By signing this form the applicant on behalf of the rōpū verifies that the bank account is correctly provided and stated on this document.

**I am the applicant or nominated person of the rōpū notated above and declare I have provided accurate information to WellSouth Primary Health Network:**

**Signed by Applicant/Person with Delegated Responsibility:.....**

**Print Name:.....**

**State Position in Rōpū:.....**

**Witness: .....**

**Print Name Here:.....Date:.....**