

2025 WORK RELATED/APPRENTICESHIP GRANT FORM



CLOSING DATE: FRIDAY, 14 MARCH 2025 @ 3PM- LATE APPLICATIONS WILL NOT BE ACCEPTED

SECTION ONE - APPLICANT DETAILS					
FIRST NAME					
MIDDLE NAME					
SURNAME					
DATE OF BIRTH		GENDER	MALE	FEMALE	
POSTAL ADDRESS					
EMAIL					
HOMEPHONE		MOBILE			
TUPUNA YOU WHAKAPA BACK TO (IN ORDER TO BE ELIGIBLE YOU MUST WHAKAPAPA BACK TO ONE OR MORE):					
WHATAKARAKA	TE RIUTOTO AIHE	TANETINORAU	TE AROA HAA	MI HAEREITI	
	SECTION TWO - WROKPLAC	E/APPRENTICESHIP IN	FORMATION		
	CE YOU ARE COMPLETING YOUR WORK RELATED STUDIES WITH				
NAME OF THE INSTITUTE YOU ARE COMPLETING YOUR STUDIES WITH					
NAME OF APPRENTICESHIP YOU ARE COMPLETING(IF APPLICABLE)					
NAME OF THE COURSE YOU ARE STUDYING					
COURSE DURATION(PLEASE INDICATE)					
APPRENTICEHSIP DURATION (PLEASE INDICATE)					
START AND FINISH D	ATE OF COURSE				
START AND FINISH DATE OF APPRENTICESHIP (IF APPLICABLE)					
PLEASE ENSURE AN ACCEPTANCE LETTER FROM THE INSTITUTE AND YOUR WORKPLACE HAVE BEEN SUPPLIED STATING THE INFORMATION YOU HAVE PROVIDED IN SECTION TWO. IF YOU ARE UNSURE WHETHER THE LETTER'S YOU HAVE ARE CORRECT PLEASE CONTACT THE RUHT OFFICE ON 0800 525 626					
SECTION THREE - BANK DETAILS NZ					
NAME ON ACCOUNT					

SECTION THREE - BANK DETAILS NZ			
NAME ON ACCOUNT			
BANK ACCOUNT NUMBER			

PLEAE ENSURE A BANK DEPOSIT SLIP OR STATEMENT HAS BEEN SUPPLIED WITH THE BANK DETAILS PROVIDED ABOVE. PLEASE NOTE THIS IS REQUIRED EVERY YEAR TO ENSURE THE BANK ACCOUNT DETAILS PROVIDED ARE CORRECT.

F YOU HAVE AN INTERNAT	IONAL ACCOUNT PLEASE REFER TO PAGE 2.			
SECTION THREE -	- BANK DETAILS OVERSEAS (ONLY COMPLETE IF YOU HAVE AN OVERSEAS BANK ACCOUNT)			
BANK NAME	BANK ACCOUNT NAME			
PHYSICAL BANK ADDRESS				
BANK ACCOUNT NUMBER				
SWIFT CODE	BSB NUMBER			
REQUIRED IN ORDER TO MA	NK AND ASK FOR A STATEMENT SHOWING ALL THE ABOVE INFORMATION. THESE DETAILS ARE AKE PAYMENT. IRED EVERY YEAR TO ENSURE THE BANK ACCOUNT DETAILS PROVIDED ARE CORRECT.			
	SECTION FOUR CHECKLIST			
PLEASE READ THE CHECKL	IST BELOW TO ENSURE YOU HAVE SUPPLIED THE REQUIRED DOCUMENTATION:			
 CONFIRMATION LETTER CONTAINING THE INFORMATION PROVIDED IN SECTION TWO. BANK DEPOSIT SLIP OR STATEMENT HAS BEEN SUPPLIED WITH THE REQUIRED INFORMATION. ALL SECTIONS(1-5) OF THE FORM HAVE BEEN COMPLETED AND SIGNED. 				
	SECTION FIVE DECELRATION CHECKLIST			
In signing this application,	I confirm the information provided to be true and accurate. I also understand and agree that;			
 the Ruapuha Ueka the Ruapuha Ueka 	ha Hapu Trust may confirm my enrolment at the educational institute in section 2. ha Hapu Trust may use the information provided for statistical purposes and/or policy. ha Hapu Trust may conduct a survey to ask how the funds have helped with my education. ha Hapu Trust may place my name and studies in the yearly Appual Reports			

NOTES:

SIGNATURE:

The amount awarded to successful applicants is determined based upon the number of applications for the budgetary pool available which may vary from year to year.

DATE:

If you have applied and have not had a response within a week of sending your Application please contact RUHT to ensure your Application has been received. However if it has been sent in after the closing date it will not be accepted.

PLEASE SEND OR SCAN YOUR COMPLETED APPLICATION FORM TO:

EMAIL Postal

educationgrants@ruht.co.nz 12 Hinewai Street, Otorohanga.

subject: Work Related/Apprenticeship Grant Application 2025

PLEASE ENSURE YOUR APPLICATION IS SENT IN BEFORE THE CLOSING DATE OTHERWISE IT WILL NOT BE ACCEPTED.

CONTACT DETAILS

Physical Location: 12 Hinewai Street, Otorohanga.

Working Hours: Monday-Friday, 9.00am – 4.00pm (closed public holidays). Working remotely Thursday & Friday.

Contact Number: 0800 525 626