

Application by Organisation for Sponsorship of Participant – RMA: Making Good Decisions



Iwi/Organisation Details

Name of Iwi Authority/
Organisation

Postal Address

Phone

Email

Participant Details

Full Name of Participant

Postal Address

Phone

Email

Iwi/Hapū Affiliations of Participant

Name of Iwi Authority providing
endorsement

Endorsement by relevant Iwi
Authority:

_____ (sign)

Name and Designation

Workshop Details

Date of Workshop

Venue

Please complete this form and forward to:

Bay of Plenty Regional Council PO Box 364, Whakatāne or
Freepost Bay of Plenty Regional Council, Whakatāne or

Email to: maoripolicy2@boprc.govt.nz or

Drop off to: 5 Quay St, Whakatāne or
Corner Fenton and Pukaki Streets, Rotorua or
Regional House, 1 Elizabeth Street, Tauranga

Biography/Resume attached
(tick)

Note: Initial course fees are payable by the applicant. The Bay of Plenty Regional Council will reimburse these fees upon successful completion only.

**Ensure you have included your qualifications and background information relevant to the training programme.*

Reimbursement Claim Form for Successful Sponsorship Nominee RMA: Making Good Decisions Programme



Iwi/Organisation Details

Name of Iwi Authority/
Organisation

Postal Address

Participant Details

Full Name of Participant

Expenses incurred from Making Good Decisions Programme attendance (Attach receipts)

Amount		Details of Expense
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
6	\$	
7	\$	
Total	\$	

(use separate sheet if necessary)

Payment Details

Account details for sponsorship to be paid into (please attach a bank slip):

Account Name: _____

Bank: _____

Branch: _____

Account No: _____

GST No: _____

- Other Requirements:**
Before any payments are made to reimburse the costs of attending this course, the following requirements must be fulfilled:
- 1 Original of all tax receipts must be attached.
 - 2 Copy of certificate as proof of successful course completion must be attached or already provided
 - 3 Tax invoice with bank account slip for payment

I certify that the particulars above are correct and that I actually incurred and paid these expenses while attending the Making Good Decisions Programme.

Participant: **Date:**.....