

# Return to Nursing (RTN) Support Fund Application Form for Internationally Qualified Nurses (IQNs)

Contents	Page
Overview	1
How to apply for the Fund	1
Application Email Address	2
Submission Requirements/Checklist	2
Return to Nursing Application for IQNs	3
Section A – Employer Details	3
Section B – Nurse Applicant Details	3
Section C – Employment Details	4
Section D – Pathways to Return to Practice	4
Section E – Funding Support Requested	5
Documentation Checklist	5
Declaration	6
Terms and Conditions	6

#### **Overview**

The Return to Nursing Workforce Support fund provides financial support to Registered and Enrolled Nurses returning to the workforce to achieve current registration to practice in New Zealand.

This fund supports Competency Assessment Programmes, individualised return to practice and orientation programmes, English language proficiency support, and other associated costs for nurses to return to practice.

# How to apply

Applications must be submitted by an Aged Residential Care provider, disability service provider, Te Whatu Ora District or Non-Governmental Organisation employer on behalf of nurse applicants. An organisation can complete more than one application. Only one application per nurse applicant will be accepted.

Reimbursement payments of up to a maximum of \$5,000NZD per individual covering the following:

- up to \$5,000 for CAP/Individual programme/orientation (Note, any retrospective applications must be logged within two months of commencing your CAP course)
- up to \$2,500 for English language proficiency test costs and/or coaching
- up to \$485 for CGFNS application fee
- up to \$160 for Declaration of fitness/Criminal record check
- up to \$485 for Application to Nursing Council of New Zealand for Registration
- up to \$5,000 for other individual costs (for example, childcare, transport, uniform please note, this funding cannot be used to purchase technology (e.g., computers, phones))

Submitting this form is not a guarantee of payment. Your eligibility to receive payment will be assessed once your completed application form is received.

If you submit an application that is incomplete or missing information, we will contact you via email for additional information. Assessment will proceed once all necessary information is received.

Please refer to the **Checklist** to ensure that you have included all required information.

#### **Email Address**

Please send your completed application form and all supporting documents to <a href="mailto:nursingcontracts@tas.health.nz">nursingcontracts@tas.health.nz</a>. These should ideally be supplied in PDF (\*.pdf) format and attached to a single email.

# **Submission Requirements/Checklist**

To successfully apply for payment, you must provide all the following:

- A Return to Nursing (RTN) Support Fund (IQN) Application Form (this form, signed and dated, with all
  compulsory fields completed).
- **Proof of your identity** (a copy of your Passport), including (if applicable) proof of any name changes (such as a marriage certificate). It is not necessary to have this document witnessed.
- If you are not a New Zealand citizen, a copy of the relevant permanent resident or other resident-class visa.
- Copies of any invoices/documents you may have to validate your application to this fund (eg, CGFNS application fee, Letter confirming place on CAP course, Letter from NCNZ requesting you complete a CAP course).
- Nursing programme transcript or evidence of registration as a nurse.
- Letter from Nursing Council of New Zealand (if applicable).
- Letter confirming acceptance to CAP programme (if applicable).
- Evidence of meeting English Language Requirements (if applicable).
- Evidence of applying for CGFNS or the Credentials Evaluation Service report (if applicable).
- Sign and date the declaration

#### What's Next

Applications will be assessed for eligibility and how well the nurse applicant meets the prioritisation criteria.

Te Whatu Ora's selection panel will make a decision based on a prioritisation framework. You will be notified via email of the outcome of your application after the panel meets.

If your application is successful, the information supplied as part of your application will form the basis of a funding agreement between Te Whatu Ora and your organisation.

# **Return to Nursing Workforce Support Fund for Internationally Qualified Nurses (IQNs)**

Compulsory fields/attachments are marked with a \*

L.*	on A – Employer Details (Required) Employer Name:	
2.* 3.*	Te Whatu Ora Provider ID (7-digit number – if known) Contact Person:	
*	Employer Address:	
*	Email Address:	
*	Phone Number:	
*	Type of Organisation	☐ Aged Residential Care ☐ District Hospital ☐ Non-Governmental Organisation/Non-Profit Organisation ☐ Disability Service Provider ☐ Primary Health Care
		☐ Private Hospital ☐ Staffing Agency
	on B – Nurse Applicant Details (Requ	☐Staffing Agency
	on B – Nurse Applicant Details (Requ Name of Nurse Applicant:	☐Staffing Agency
*		☐Staffing Agency
*	Name of Nurse Applicant:	☐Staffing Agency
0.* 0.*	Name of Nurse Applicant: Address:	☐Staffing Agency

13.*	Residency Status:	☐ New Zealand Citizen ☐ Resident-class view holder
Please •	attach the applicable evidence of reside New Zealand citizens – proof of citizen Resident-class visa holders – a copy of	ship, such as a copy of your New Zealand passport, or birth certificate.
Sectio	n C – Employment Details (Required	
14.*	Is the nurse applicant currently employed?	□Yes □No
15.*	What role does the nurse applicant currently work in?	☐ Healthcare Assistant/Caregiver/Support Worker☐ Other health roles☐ Non-health roles☐
Sectio	n D – Pathway to Return to Practice	
If you a		on the pathway to registration: stration for Internationally Qualified Nurses is available <a href="here">here</a> . New Zealand via their <a href="contact us page">contact us page</a> to clarify.
16.*	Which undergraduate qualification does the Nurse Applicant have?	☐ Bachelor of Nursing ☐ Diploma of Nursing
Please	attach the Nurse Applicant's nursing pro	ogramme transcript or evidence of registration as a nurse.
17.*	Does the Nurse Applicant have a letter from the Nursing Council of New Zealand directing them to complete a Competency Assessment Programme?	□Yes □No
If yes,	please attach a copy of this letter.	
18.*	Has the Nurse Applicant been accepted for a Competency Assessment Programme (CAP), individualised programme or orientation programme?	□Yes □No
If yes,	please attach a copy of this letter.	
If yes t	o above, please confirm the date the CA	P programme begins (DD/MM/YYYY):
19.*	How many years of post-registration experience as a nurse does the Nurse Applicant have?	<ul> <li>□ Less than 2 years</li> <li>□ 2-3 years</li> <li>□ 3-4 years</li> <li>□ 4-5 years</li> <li>□ Over 5 years</li> </ul>
20.*	Has the Nurse Applicant met the English Language requirements?	□Yes □No

For OET they must achieve a minimum score of 350 for each band. For IELTS they must achieve a minimum score of 7 in each band of the academic test.

Please	attach evidence of meeting the Nursing	Council	of New Zealand's E	nglish Language requirements.	
21.*	Has the Nurse Applicant applied for Commission on Graduates of Foreign Nursing Schools (CGFNS) verification?	□Yes □No			
22.*	If the Nurse Applicant has applied for CGFNS verification, have the received a Credentials Evaluation Service report?	□Yes □No			
If yes t	o above, please attach evidence of apply	ing for (	CGFNS or the Crede	ntials Evaluation Service report.	
	n E – Funding Support Requested refer to the maximum funding amount f	or each	element below. <b>A</b> l	maximum of \$5.000 is available per	
applica					
Fundi	ng Element		Maximum	Amount Requested (NZD \$)	
1a Co	ompetency Assessment Programme		<b>amount (NZD)</b> \$5,000		
	dividualised Programme		_		
	rientation Programme		1		
	h Language proficiency test costs and/or	r	\$2,500		
coach	ing				
CGFN	S application fee		\$485		
	ration of Fitness/Criminal Record Check		\$160		
	cation to Nursing Council of New Zealand	d for	\$485		
	tration				
	individual costs (e.g., childcare, transpo		\$5,000		
	rm - please note, this funding cannot be				
	rchase technology (e.g., computers, phor Amount	nes))			
TOLAI	Amount				
ʻindivid	provide any additional information to sulual costs' are requested, please outline logy with this funding is not covered.		•		of
Please □ Citi	nentation Checklist select the files you are attaching to t zenship/Residency evidence (require rsing Qualification/programme transc	d)	lication (as applic	able)	

□ Letter from the Nursing Council of New Zealand that directs the nurse to complete a Competency Assessment Programme □ Letter of acceptance from education provider for CAP programme  Declaration By completing the details below, the Provider makes the following declaration about this application for Return to Nursing workforce support funding ("the application"): □ I have read, understood, and agree to the Terms and Conditions below. □ I confirm that the statements in the application on are true and the information on provided is complete and correct, and there have been no misleading statements or omissions of any relevant facts, nor any misrepresentations made. □ I understand that the falsification of information, supply of misleading information, or the suppression of material information in the application, may result in the application being eliminated from the assessment process and may be grounds for termination on of any agreement awarded as a result of this application on process. □ I consent to the Te Whatu Ora undertaking due diligence including any third party checks as may be required to fully assess the application. □ To ensure that you have complied with the terms, conditions, and requirements to receive funding under this initiative, we may audit this application and the applicant's employment, either as part of a randomised audit, or if we are given cause to suspect you may be in breach of the terms, conditions, and requirements of the initiative. This audit may include requiring you to provide us with documentation on establishing compliance with the terms and conditions, or independently contacting you or the nurse applicant about this application. □ You agree to support the nurse applicant when they achieve registration with Nursing Council of New Zealand by providing appropriate preceptorship on commencing employment as a registered or enrolled nurse.  Full Name:  Signature  Title/Position:  By submitting this application, you give us permission to analyse and include your response in our	<ul> <li>□ Evidence of English Language test</li> <li>□ Evidence of application to CGFNS (i.e., screenshot of application, or other correspondence)</li> </ul>
Declaration  By completing the details below, the Provider makes the following declaration about this application for Return to Nursing workforce support funding ("the application"):  □ I have read, understood, and agree to the Terms and Conditions below. □ I confirm that the statements in the application on are true and the information on provided is complete and correct, and there have been no misleading statements or omissions of any relevant facts, nor any misrepresentations made. □ I understand that the falsification of information, supply of misleading information, or the suppression of material information in the application, may result in the application being eliminated from the assessment process and may be grounds for termination on of any agreement awarded as a result of this application on process. □ I consent to the Te Whatu Ora undertaking due diligence including any third party checks as may be required to fully assess the application. □ To ensure that you have complied with the terms, conditions, and requirements to receive funding under this initiative, we may audit this application and the applicant's employment, either as part of a randomised audit, or if we are given cause to suspect you may be in breach of the terms, conditions, and requirements of the initiative. This audit may include requiring you to provide us with documentation on establishing compliance with the terms and conditions, or independently contacting you or the nurse applicant about this application. □ You agree to support the nurse applicant when they achieve registration with Nursing Council of New Zealand by providing appropriate preceptorship on commencing employment as a registered or enrolled nurse.  Full Name:  Signature  Title/Position:	
Declaration By completing the details below, the Provider makes the following declaration about this application for Return to Nursing workforce support funding ("the application"):    I have read, understood, and agree to the Terms and Conditions below.   I confirm that the statements in the application on are true and the information on provided is complete and correct, and there have been no misleading statements or omissions of any relevant facts, nor any misrepresentations made.   I understand that the falsification of information, supply of misleading information, or the suppression of material information in the application, may result in the application being eliminated from the assessment process and may be grounds for termination on of any agreement awarded as a result of this application on process.   I consent to the Te Whatu Ora undertaking due diligence including any third party checks as may be required to fully assess the application.   To ensure that you have complied with the terms, conditions, and requirements to receive funding under this initiative, we may audit this application and the applicant's employment, either as part of a randomised audit, or if we are given cause to suspect you may be in breach of the terms, conditions, and requirements of the initiative. This audit may include requiring you to provide us with documentation on establishing compliance with the terms and conditions, or independently contacting you or the nurse applicant about this application.   You agree to support the nurse applicant when they achieve registration with Nursing Council of New Zealand by providing appropriate preceptorship on commencing employment as a registered or enrolled nurse.  Full Name:  Signature  Title/Position:	_
By completing the details below, the Provider makes the following declaration about this application for Return to Nursing workforce support funding ("the application"):    I have read, understood, and agree to the Terms and Conditions below.   I confirm that the statements in the application on are true and the information on provided is complete and correct, and there have been no misleading statements or omissions of any relevant facts, nor any misrepresentations made.   I understand that the falsification of information, supply of misleading information, or the suppression of material information in the application, may result in the application being eliminated from the assessment process and may be grounds for termination on of any agreement awarded as a result of this application on process.   I consent to the Te Whatu Ora undertaking due diligence including any third party checks as may be required to fully assess the application.   To ensure that you have complied with the terms, conditions, and requirements to receive funding under this initiative, we may audit this application and the applicant's employment, either as part of a randomised audit, or if we are given cause to suspect you may be in breach of the terms, conditions, and requirements of the initiative. This audit may include requiring you to provide us with documentation on establishing compliance with the terms and conditions, or independently contacting you or the nurse applicant about this application.   You agree to support the nurse applicant when they achieve registration with Nursing Council of New Zealand by providing appropriate preceptorship on commencing employment as a registered or enrolled nurse.  Full Name:  Signature  Title/Position:	Letter of acceptance from education provider for CAP programme
Nursing workforce support funding ("the application"):    I have read, understood, and agree to the Terms and Conditions below.   I confirm that the statements in the application on are true and the information on provided is complete and correct, and there have been no misleading statements or omissions of any relevant facts, nor any misrepresentations made.   I understand that the falsification of information, supply of misleading information, or the suppression of material information in the application, may result in the application being eliminated from the assessment process and may be grounds for termination on of any agreement awarded as a result of this application on process.   I consent to the Te Whatu Ora undertaking due diligence including any third party checks as may be required to fully assess the application.   To ensure that you have complied with the terms, conditions, and requirements to receive funding under this initiative, we may audit this application and the applicant's employment, either as part of a randomised audit, or if we are given cause to suspect you may be in breach of the terms, conditions, and requirements of the initiative. This audit may include requiring you to provide us with documentation on establishing compliance with the terms and conditions, or independently contacting you or the nurse applicant about this application.   You agree to support the nurse applicant when they achieve registration with Nursing Council of New Zealand by providing appropriate preceptorship on commencing employment as a registered or enrolled nurse.  Full Name:  Signature  Title/Position:	Declaration
□ I confirm that the statements in the application on are true and the information on provided is complete and correct, and there have been no misleading statements or omissions of any relevant facts, nor any misrepresentations made. □ I understand that the falsification of information, supply of misleading information, or the suppression of material information in the application, may result in the application being eliminated from the assessment process and may be grounds for termination on of any agreement awarded as a result of this application on process. □ I consent to the Te Whatu Ora undertaking due diligence including any third party checks as may be required to fully assess the application. □ To ensure that you have complied with the terms, conditions, and requirements to receive funding under this initiative, we may audit this application and the applicant's employment, either as part of a randomised audit, or if we are given cause to suspect you may be in breach of the terms, conditions, and requirements of the initiative. This audit may include requiring you to provide us with documentation on establishing compliance with the terms and conditions, or independently contacting you or the nurse applicant about this application. □ You agree to support the nurse applicant when they achieve registration with Nursing Council of New Zealand by providing appropriate preceptorship on commencing employment as a registered or enrolled nurse.  Full Name:  Signature  Title/Position:	
correct, and there have been no misleading statements or omissions of any relevant facts, nor any misrepresentations made.  I understand that the falsification of information, supply of misleading information, or the suppression of material information in the application, may result in the application being eliminated from the assessment process and may be grounds for termination on of any agreement awarded as a result of this application on process.  I consent to the Te Whatu Ora undertaking due diligence including any third party checks as may be required to fully assess the application.  To ensure that you have complied with the terms, conditions, and requirements to receive funding under this initiative, we may audit this application and the applicant's employment, either as part of a randomised audit, or if we are given cause to suspect you may be in breach of the terms, conditions, and requirements of the initiative. This audit may include requiring you to provide us with documentation on establishing compliance with the terms and conditions, or independently contacting you or the nurse applicant about this application.  You agree to support the nurse applicant when they achieve registration with Nursing Council of New Zealand by providing appropriate preceptorship on commencing employment as a registered or enrolled nurse.  Full Name:  Signature  Title/Position:	☐ I have read, understood, and agree to the Terms and Conditions below.
information in the application, may result in the application being eliminated from the assessment process and may be grounds for termination on of any agreement awarded as a result of this application on process.    I consent to the Te Whatu Ora undertaking due diligence including any third party checks as may be required to fully assess the application.    To ensure that you have complied with the terms, conditions, and requirements to receive funding under this initiative, we may audit this application and the applicant's employment, either as part of a randomised audit, or if we are given cause to suspect you may be in breach of the terms, conditions, and requirements of the initiative. This audit may include requiring you to provide us with documentation on establishing compliance with the terms and conditions, or independently contacting you or the nurse applicant about this application.    You agree to support the nurse applicant when they achieve registration with Nursing Council of New Zealand by providing appropriate preceptorship on commencing employment as a registered or enrolled nurse.    Full Name:   Signature   Title/Position:   T	correct, and there have been no misleading statements or omissions of any relevant facts, nor any
□ I consent to the Te Whatu Ora undertaking due diligence including any third party checks as may be required to fully assess the application. □ To ensure that you have complied with the terms, conditions, and requirements to receive funding under this initiative, we may audit this application and the applicant's employment, either as part of a randomised audit, or if we are given cause to suspect you may be in breach of the terms, conditions, and requirements of the initiative. This audit may include requiring you to provide us with documentation on establishing compliance with the terms and conditions, or independently contacting you or the nurse applicant about this application. □ You agree to support the nurse applicant when they achieve registration with Nursing Council of New Zealand by providing appropriate preceptorship on commencing employment as a registered or enrolled nurse.  Full Name:  Signature  Title/Position:	information in the application, may result in the application being eliminated from the assessment process and
initiative, we may audit this application and the applicant's employment, either as part of a randomised audit, or if we are given cause to suspect you may be in breach of the terms, conditions, and requirements of the initiative. This audit may include requiring you to provide us with documentation on establishing compliance with the terms and conditions, or independently contacting you or the nurse applicant about this application.  You agree to support the nurse applicant when they achieve registration with Nursing Council of New Zealand by providing appropriate preceptorship on commencing employment as a registered or enrolled nurse.  Full Name:  Signature  Title/Position:	$\square$ I consent to the Te Whatu Ora undertaking due diligence including any third party checks as may be required to
providing appropriate preceptorship on commencing employment as a registered or enrolled nurse.  Full Name:  Signature  Title/Position:	initiative, we may audit this application and the applicant's employment, either as part of a randomised audit, or if we are given cause to suspect you may be in breach of the terms, conditions, and requirements of the initiative. This audit may include requiring you to provide us with documentation on establishing compliance with the terms
Signature Title/Position:	
Title/Position:	Full Name:
	Signature
By submitting this application, you give us permission to analyse and include your response in our results.	Title/Position:
	By submitting this application, you give us permission to analyse and include your response in our results.

# **Terms and Conditions**

# General

This contains the terms and conditions which apply to all funding applications.

The terms and conditions are non-negotiable and do not require a response. Each applicant that submits an application for project-specific funding has confirmed by their signature on the application that they accept these terms and conditions without reservation or variation.

In preparing and submitting an application for funding you must:

• Consider all risks, contingencies and other circumstances relating to the delivery of the project and include adequate provision in your application to manage such risks and contingencies;

- Document in your application all assumptions and qualifications made about the delivery of the project;
- If appropriate, obtain independent advice before submitting your application; and
- Satisfy yourself as to the correctness and sufficiency of your application, including the requested funding and the sustainability of the pricing.

### Reliance by Te Whatu Ora

Te Whatu Ora may rely upon all statements made and information provided by you in an application and in correspondence or negotiations with Te Whatu Ora or its representatives (e.g., your application and follow-up correspondence and discussions). If your application is approved for funding, any such statements and information may be included in the Funding Agreement with Te Whatu Ora.

You must ensure all information provided to Te Whatu Ora is true, accurate and complete. Te Whatu Ora is under no obligation to check your application for errors, omissions, or inaccuracies. You will notify Te Whatu Ora promptly upon becoming aware of any errors, omissions, or inaccuracies in your application or in any additional information provided by you.

# Ownership and intellectual property

Ownership of the intellectual property rights in your application does not pass to Te Whatu Ora. However, in submitting your application, you grant Te Whatu Ora a non-exclusive, transferable, perpetual licence to use and disclose your application for the purpose of assessing and decision-making related to the funding application process.

Applying for funding you warrant that the provision of the information to Te Whatu Ora, and the use of it by Te Whatu Ora for the evaluation of the application and for any resulting negotiation, will not breach any third-party intellectual property rights.

# Confidentiality

Te Whatu Ora is bound by the Official Information Act 1982 ("OIA"), the Privacy Act 1993, parliamentary and constitutional convention and any other obligations imposed by law. While Te Whatu Ora intends to treat information in your application as confidential to ensure fairness during the assessment and decision-making process, the information can be requested by third parties and Te Whatu Ora must provide that information if required by law. If Te Whatu Ora receives an OIA request that relates to information in your application, where possible, Te Whatu Ora will consult with you and may ask you to confirm whether the information is considered by you to be confidential or still commercially sensitive, and if so, to explain why.

## Use and disclosure of information

Te Whatu Ora will require you to provide certain information, including personal information, on application forms if you wish to apply for funding. If you do not provide all of the information that is required on an application form, Te Whatu Ora may be unable to process or otherwise progress your application.

Te Whatu Ora will generally only use personal information provided in the application process for the purposes of administering the funding which includes assessing an application you have submitted, contracting, monitoring compliance and reporting.

Te Whatu Ora may use personal information provided by you through the application process for other reasons permitted under the Privacy Act 1993 (e.g., with your consent, for a directly related purpose, or where the law permits or requires it).

Te Whatu Ora may disclose your application and any related documents or information provided by you, to any person who is directly involved in the funding application and assessment process on its behalf including any officers, employees, consultants, contractors, and professional advisors of Te Whatu Ora or of any government agency. The disclosed information will only be used for the purpose of participating in the funding application and assessment process, including assessment and ongoing monitoring, which will include carrying out due diligence. Due diligence may involve Te Whatu Ora disclosing information to another relevant agency in order to assess the application and verify the information contained in the application and accompanying documents.

Te Whatu Ora will generally not otherwise disclose personal information provided or collected through this application unless required or otherwise permitted by law. For example, we may seek your consent to undertake additional due diligence checks and request information from other relevant third parties. If your application is approved for funding, information provided in the application and any related documents may be used for the purpose of preparing any relevant Funding Agreement(s) with Te Whatu Ora.

#### Limitation of advice

Any advice given by Te Whatu Ora, any other government agency, their officers, employees, advisors, or other representatives about the content of your application does not commit the decision-maker to make a decision about your application.

# No binding legal relations

No contract or other legal obligations arise between Te Whatu Ora and any applicant out of, or in relation to, the application and assessment process, until a formal written contract (if any) is signed by both Te Whatu Ora and a successful applicant/s.

#### No process contracts

The funding application and assessment process does not legally oblige or otherwise commit Te Whatu Ora to proceed with that process or to assess any particular applicant's application or enter into any negotiations or contractual arrangements with any applicant. For the avoidance of doubt, this application and assessment process does not give rise to a process contract.

#### Te Whatu Ora's rights

Te Whatu Ora may on giving notice to you:

- amend, suspend, or cancel your application for funding;
- make any material change to the funding application process (including any change to the timeframes, requirements, and evaluation approach) provided you are given a reasonable time within which to respond to the change.

Te Whatu Ora may:

- accept or reject any application, and waive irregularities or requirements in this application process where it considers it appropriate and reasonable to do so;
- decide not to enter into a Funding Agreement with you in respect of this application.

In particular, Te Whatu Ora reserves the right not to proceed with any application if that is considered by Te Whatu Ora (in its sole discretion) to be unaffordable to Te Whatu Ora.

# **Costs and expenses**

Te Whatu Ora is not responsible for any costs or expenses incurred by any applicant in the preparation of this application and any follow-up correspondence and discussions.

#### **Exclusion of liability**

Neither Te Whatu Ora or any other government agency, nor their officers, employees, advisors, or other representatives will be liable (in contract or tort, including negligence, or otherwise) for any direct or indirect damage, expense, loss, or cost (including legal costs) incurred or suffered by any applicant, its affiliates or other person in connection with this application and assessment process, including without limitation:

- The assessment process;
- The participation of any application;
- Any investigations of or by any applicant;
- Concluding any contract;
- The acceptance or rejection of any application; or
- Any information given or not given to any applicant(s).

By participating in this application as assessment process, each applicant waives any rights that it may have to make any claim against Te Whatu Ora. To the extent that legal relations between Te Whatu Ora and any applicant cannot be excluded as a matter of law, the liability of Te Whatu Ora is limited to \$1.

Nothing contained or implied in or arising out of Te Whatu Ora documentation or any other communications to any applicant shall be construed as legal, financial, or other advice of any kind.

#### **Inducements**

You must not directly or indirectly provide any form of inducement or reward to any officer, employee, advisor, or other representative of Te Whatu Ora or any other government agency in connection with this application and assessment process.

### **Governing law and jurisdiction**

The funding application and assessment process will be construed according to, and governed by, New Zealand law and you agree to submit to the exclusive jurisdiction of New Zealand courts in any dispute concerning your application.

#### **Public statements**

Te Whatu Ora and any other government agency, or any relevant Minister, may make public in whole or in part this application form including the following information:

- The name of the applicant(s);
- A high-level description of the proposed project;
- The total amount of funding and the period of time for which the funding has been approved; and
- The region to which the project relates.
- Applicants not to release any media statement or other information relating to the submission or approval of any application to any public medium without prior agreement of Te Whatu Ora.