Complete this form to help us understand more about you, your organisation and the rongoā Māori services you provide. The purpose of gathering this information is to allow us to:

* determine your suitability to be registered to provide rongoā Māori services to ACC Kiriaki (clients)
* use your contact details to connect you with kiritaki wanting to access rongoā Māori.

When you’ve finished, please return this form to [**maorihealth@acc.co.nz**](mailto:maorihealth@acc.co.nz)

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| 1. He kōrero mōu | Your details | |
| Full name: | Organisation name: |
| Work phone number: | Work email address: |
| Work address: | |
| Are you registered as an ACC provider/vendor? | Yes – ID Number:        No |

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| 2. Whakaaetanga | Consent | |
| If you answer no to questions (a) to (e) in this section, unfortunately we cannot proceed with your application. | |
| 1. Do you consent to Police vetting? | Yes – please visit [New Zealand Police website](https://www.police.govt.nz/advice-services/businesses-and-organisations/vetting/forms-and-guides) to sign and complete a **‘Police Vet Request and Consent Form’ (pages 3 and 4 only)** to submit with this application.  No  When submitting your Police Vet Request and Consent Form to us, please include:  **1x primary form of identification:** Passport (NZ or Overseas), NZ Firearms Licence, NZ Full Birth Certificate (issued on, or after 1998), NZ Citizenship Certificate, NZ Emergency Travel Document, NZ Certificate of Identity  AND  **1x secondary form of identification:**  NZ Driver Licence, 18+ card, NZ Full Birth Certificate (issued before 1998), Community Services Card, SuperGold Card, Inland Revenue Number, NZ issued utility bill (issued not more than six months earlier). |
| 1. As a registered vendor of ACC, do you agree to store, and maintain the privacy of all client records held within your database? | Yes  No |
| 1. As a health and disability service provider of Aotearoa, do you confirm that you follow the Code of Health and Disability Services Consumers’ Rights? | Yes  No |
| 1. Can you provide written evidence from mana whenua verifying the services you provide in their rohe? | Yes  No |
| 1. Do you give permission for us to contact your mentors? | Yes  No |
| 1. Do you consent to providing rongoā Māori to ACC kaimahi as part of ACC’s Support Your Wellbeing Service? | Yes  No |
| 1. Do you consent to having your name and contact details shared on our website, once registered? | Yes  No |

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| 3. Ko wai koe | Who you are | |
| 1. Do you whakapapa to an iwi of Aotearoa or to the community you service or support? | Yes – please complete questions (b) – (d)  No – please complete questions (c) – (d) |
| 1. Where are you from?  Please include details of your pepeha. This information will not be shared outside of ACC. |  |
| 1. What is your ancestry?  This may include your place of birth, where you grew up, where your ancestors come from, etc. This information will not be shared outside of ACC. |  |
| 1. Where do you provide services?  Please identify the rohe where you work. This should include the pepeha of mana whenua.   In a separate document, you need to supply written evidence of support from mana whenua for the services you provide. |  |

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| 4. He kōrero mō tāu ratonga | About your service | |
| About you | |
| 1. How long have you practised rongoā Māori? |  |
| 1. How long have you been providing rongoā in a paid capacity?   ie employee, business owner |  |
| 1. What is the whakapapa of your mātauranga rongoā?  Please give a brief description. |  |
| 1. How do you qualify yourself as a rongoā Māori service provider?  Please share your lived experience and any other relevant qualifications you have, and the dates these occurred.   Include any supporting documents. |  |
| 1. Please explain what methods of rongoā Māori you practice. |  |
| 1. How do you separate rongoā Māori from any techniques of non-Māori origin when working with ACC kiritaki?   eg delivery of reiki, hyperbaric oxygen treatment, etc. |  |
| 1. Who are your past and present rongoā Māori mentors or tohunga?   Please provide their names, phone, and email details. |  |
| About your organisation | |
| 1. How many practitioners work alongside you in your organisation? |  |
| 1. Please tell us the names and/or contact details for each practitioner. |  |

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| 5. He āpitihanga | Your attachment checklist |
| It’s important that you provide all the information detailed in this checklist so we can process your application. Please tick to confirm you are submitting: |
| Completed and signed New Zealand Police Vetting Service Request and Consent Form |
| Two forms of identification |
| Evidence of support from mana whenua for the services you provide |
| Written endorsement from your rongoā Māori mentors or their contact details |
| Full disclosure statement if there is anything we need to know in considering your application |

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| 6. Kupu taurangi | Declaration | |
| I declare the information provided by me on this form is, to the best of my knowledge, accurate and complete | |
| Name: | Date:   /  / |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.