

Māori Advisory Rōpū Application Form 2024



Applicant Information

Name: _____

Address: _____

Iwi and hapū: _____ Year: _____

Phone: _____ Email _____

School: _____

How long have you been involved with Kaitiaki o Ara/SADD? _____

Questions

1: What is your understanding of Kaitiaki o Ara/SADD's vision?

2: Outline your experience with SADD.

3: Why do you think it's important to have a māori advisory rōpū?

4: Our main focus within the Māori Advisory Rōpū is to work as a group to develop ways to better connect with Māori communities, do you have any goals, ideas or visions for the future of Kaitiaki o Ara/SADD and Māori engagement?

5. The Māori Advisory Rōpū have group focused projects, can you share an example of when you've successfully worked in a team/group environment?

6. Why is road safety important to you?

Kaitiaki o Ara/SADD’s Māori Advisory rōpū offers opportunities to take part in projects and the development of how Kaitiaki o Ara/SADD can better connect with tangata māori. Successful applicants will contribute to the Kaitiaki o Ara/SADD programme in the best way that aligns with their skills, interests, and future goals. In order for us to best provide these opportunities, it is helpful for us to have an idea of each applicants’ areas of interest. Please select which of the below areas align with you and provide any additional relevant info about your goals and what you are passionate about.

Tikanga and reo Māori

Communications (e.g. social media, media, blogging and writing)

Design and art

Marketing

Youth advocacy and representation

Public speaking, presenting, and networking

Programme development - improving Kaitiaki o Ara/SADD for other students

The Māori Advisory Rōpū is made up of rangatahi across Aotearoa, looking at your workload, please confirm you have the capacity to prioritise a minimum of one hui each term.

Yes I confirm I can commit to a minimum of one hui per term

Referee

Please supply the contact details of an adult who can support your application (i.e., teacher, employer, or coach)

Full name:

Occupation:

Email and Phone Number:

Relationship:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____

Send your completed application form to bobbi@sadd.org.nz

Checklist:

Have you:

Answered all questions?

Checked your contact details are correct?

Provided a referee?