

Form A

MĀORI SUB CATEGORY

Applicant Name _____

Online No _____

Bachelor of Dental Technology

Bachelor of Oral Health

KOROWAI MĀORI

Iwi _____

Hapu _____

Marae _____

WHAKAPAPA

Poua/Koroua	Taua/Kuia	Poua/Koroua	Taua/Kuia
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_____	_____
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Matua Tane

Whāea Wahine

Kaitono

ENDORSEMENT

This iwi endorsement should be completed by a representative of an Iwi Authority; Runanga or a leader of a Māori Community Group eg. Marae, Māori Women's League etc.

I endorse this application because: _____

Endorser (please print name): _____

Endorser's Signature: _____ Date: _____

Endorser's Designation: _____

Please turn over

