## 

## Puawānanga Kaitiaki Report

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| Applicant Ingoa (name):  (Please print)  Puawānanga Kaitiaki Ingoa (name):  (Please print)  Puawānanga Kaitiaki Iwi:  (Please print) |

The Puawānanga Kaitiaki needs to complete their report in consultation with the applicant.

Please confirm:

☐ A minimum of three Puawānanga Kaitiakitanga sessions were held.

☐ Engagement with ‘Tihei-Wa Mauri Ora Indigenous Resource’ (Piripi & Body 2010, 2013) to enhance their experience of Te Ao Māori and to demonstrate their cultural counselling practice.

☐ You have sighted and signed the Applicant's written reflections.

☐ You support the Applicant’s application to full membership.

**Puawānanga Kaitiaki Comments:**

**Puawānanga Kaitiaki signature:**

**Date:**