Sheryl Robertson

If you are applying under Affirmative Action policy, please upload this form to your DClinPSy application

PREPARATORY Clinical Psychology   
Maori/Pasifika Certification

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| **Section One - Applicant Details** | |
| First names:**\*** |  |
| Last name:**\*** |  |
| Student ID: |  |
| Gender:**\*** | Male  Female  Diverse |
| Date of birth (dd/mm/yyyy):**\*** |  |
| Mobile phone:**\*** |  |
| Home phone:**\*** |  |
| Postal address:**\*** |  |
| Suburb: |  |
| Town/City:**\*** |  |
| Post code: |  |
| Email:**\*** |  |
| Are you descended from a Māori?**\*** | Yes   No |
| Name of Iwi: |  |
| Name of Hapū: |  |
| Name of Marae: |  |
| Are you descended from an indigenous Pacific person?**\*** | Yes   No |
| Name of Pacific nation(s): |  |
| Name of island(s): |  |
| Name of village(s): |  |
| Which ethnic group/s do you belong to? *Mark the box or boxes which apply to you.***\*** | New Zealand European Māori Samoan Cook Island Māori Tongan Niuean Chinese Indian Other Please specify …………….. |
| **Section Two - Indigenous Māori/Pacific Ancestry** | |
| Please complete this section by using EITHER the Certification or Testimonial option  **CERTIFICATION**  To complete this option, you must **(i)** fill in the names of your ancestors in the table below to the best of your knowledge and **(ii)** provide details of a person who can certify your ancestry. If there are outstanding concerns, the DClinPsy panel may require that additional information is provided by the applicant.  **Please fill in the names of your ancestors in the table below to the best of your knowledge. If you don’t know the name of a particular ancestor, please write “unknown”. For each Māori or indigenous Pacific ancestor, please tick Māori and/or Pacific.**  If you are unable to provide the ancestry information below, a testimonial can be submitted if an applicant believes they have indigenous Māori and/or Pacific ancestry, but cannot provide any details to identify an indigenous Māori and/or Pacific ancestor (e.g. names). The testimonial details should explain why the applicant believes they are eligible for affirmative action but cannot provide ancestry information (e.g. history of whāngai/adoption, personal issues). The *Director*  will review each testimonial on a case by case basis.  **.**  **Certification of Māori Whakapapa/Ancestry or Pacific Ancestry**   * The certifier cannot be a sibling, spouse, parent, sibling of a parent (aunty/uncle) or grandparent to the applicant. * The certifier must be able to confirm the ancestry details provided above. * The certifier must have agreed to be named and to be contactable if the ancestry details require clarification by the DClinPSy panel   Add the name of your ancestor and mark the appropriate box. | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Applicant |  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | father   Māori  Pacific | |  |  |  |  | | --- | --- | --- | --- | | grandfather   Māori  Pacific | |  |  | | --- | --- | | great\_grandfather   Māori  Pacific |  | | | |  |  | | --- | --- | | great\_grandmother   Māori  Pacific |  | | | | |  |  |  |  | | --- | --- | --- | --- | | grandmother   Māori  Pacific | |  |  | | --- | --- | | great\_grandfather   Māori  Pacific |  | | | |  |  | | --- | --- | | great\_grandmother   Māori  Pacific |  | | | | |  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | mother   Māori  Pacific | |  |  |  |  | | --- | --- | --- | --- | | grandfather   Māori  Pacific | |  |  | | --- | --- | | great\_grandfather   Māori  Pacific |  | | | |  |  | | --- | --- | | great\_grandmother   Māori  Pacific |  | | | | |  |  |  |  | | --- | --- | --- | --- | | grandmother   Māori  Pacific | |  |  | | --- | --- | | great\_grandfather   Māori  Pacific |  | | | |  |  | | --- | --- | | great\_grandmother   Māori  Pacific |  | | | | | |
| **Certifier Details** | |
| Name:**\*** |  |
| Address:**\*** |  |
| Phone:**\*** |  |
| Email: |  |
| What relationship is the certifier to the applicant? | Māori Kaumātua Hapū/Iwi representative Māori Community/Church Leader Pacific Elder/Chief Pacific Community/Church Leader Other |
| Does the certifier know your family and can they attest to your indigenous ancestry?**\*** | Yes   No |
| How does the certifier know your family and what information are they using to verify your indigenous ancestry?: |  |
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**TESTIMONIAL**

A testimonial can be submitted if an applicant believes they have indigenous Māori and/or Pacific ancestry, but cannot provide any details to identify an indigenous Māori and/or Pacific ancestor (e.g. names). The testimonial details should explain why the applicant believes they are eligible for affirmative action but cannot provide ancestry information (e.g. history of whāngai/adoption, personal issues).

Please attach an explanation why you are not able to have this certified, but why you would be eligible under the affirmative action. The Director will review each testimonial on a case by case basis.

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| I wish to submit a testimonial in place of certification | Yes |

**By submitting this form:**

* I declare that I wish to be considered for entry into the Doctor of Clinical Psychology programme, The University of Auckland under the Māori and Pacific Admission Scheme. I declare that all the information provided is true and correct.
* I declare that I have personally contacted my certifier (Section 2) and they have agreed to be contacted by The DClinPSy representative if required.

I have read and accept the terms above

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