



New Zealand
Association of
Counsellors
Te Roopu Kaiwhiriwhiri o Aotearoa

Puawānanga Kaitiaki Report

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: