



Puawānanga Kaitiaki Report

Supervisee Ingoa (name): _____
(Please print)

Puawānanga Kaitiaki Ingoa (name): _____
(Please print)

Puawānanga Kaitiaki Iwi: _____
(Please print)

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 and Let's get Real – Working with Maori Module and any matters arising were part of the korero.
- The applicant has used the Tihei-Wa Mauri Ora Indigenous Resource (Piripi & Body 2010, 2013) to enhance their experience of Te Ao Maori, and to demonstrate their bi-cultural counselling practice.
- You have sighted and signed the applicants written reflections.
- You support the applicant's application to full membership.

Puawānanga Kaitiaki Comments:

Puawānanga signature: _____

Date: _____ / _____ / _____