

# POSITION DESCRIPTION FOR PROJECT LEAD

Date: February 2021

## Tikanga

Te Rūnanga o Te Rarawa are committed to ensuring:

- The cultural imperatives and integrity of Iwi Māori are upheld including Tapu o Te Tangata, Mana, Tika, Pono, Aroha, Manaaki and Whanaungatanga.
- Support and maintain a culturally safe environment and recognise the role of the Treaty of Waitangi (Te Tiriti o Waitangi) in providing a framework for this in Aotearoa/New Zealand.

## Ngā Whakamōhiotanga (Overview of the Role)

The primary focus of the Project Lead is to oversee and hold responsibility for the day-to-day operational management of the Te Hiku Group Employer Programme led by Te Rūnanga o Te Rarawa, within the constraints of pre-set budgets, policies and guidelines. The main goal of the 12-month Group Employment Programme is to provide an opportunity for approximately 20 kaingaki kāri (participants) to be trained in areas that will give them the life skills and knowledge necessary for the workforce, and a pathway into employment within the Te Hiku Horticulture industry.

Key to this role is:

Applying traditional Cultural Practices and Mātauranga Māori to maximise opportunities and sustainability of ongoing and long-term employment for all participants.

Developing and maintaining strong industry and employer relationships.

## Ngā Taipitopito (Position Details)

<b>Responsible To</b>	Te Rūnanga o Te Rarawa CEO
<b>Direct Reports</b>	Navigator
<b>Nature of Term</b>	Fixed term from March 2021-April 2023 (renewable dependant on funding)
<b>Internal Relationships</b>	<ul style="list-style-type: none"><li>• All Te Rūnanga o Te Rarawa Staff &amp; Contractors</li></ul>
<b>External Relationships</b>	<ul style="list-style-type: none"><li>• Iwi, hapū, whānau</li><li>• Key community stakeholders</li><li>• Employers</li><li>• Training Providers</li><li>• Social Services and other government/non-government agencies</li><li>• Wider Te Hiku Community</li></ul>

## Ngā Takohanga (Key Accountabilities)

<b>Operational Management</b>	<ul style="list-style-type: none"> <li>• Maintain excellent working relationship with existing and potential Host Employers.</li> <li>• Provide day to day operational management to the project. Includes developing and facilitating operations to employment and training calendar.</li> <li>• Ensure appropriate operational policies and procedures are developed to legislative and organisational requirements.</li> <li>• Implement, enforce, monitor and review policies and procedures as required (e.g. HR, financial, H&amp;S).</li> </ul>
<b>Financial Management</b>	<ul style="list-style-type: none"> <li>• Manage operational expenses to budget and report monthly any variances, risks, incidents or conflicts.</li> <li>• Ensure kaingaki kāri, training providers, funders and host employer agreements, conditions and requirements are in place.</li> <li>• Manage accounts receivable and payable including ensuring host employers are invoiced as required.</li> </ul>
<b>Training and Supervision</b>	<ul style="list-style-type: none"> <li>• Provide day to day supervision and support to the Navigator.</li> <li>• Manage the work and training schedule of kaingaki kāri to aid toward a seamless path through the project.</li> </ul>
<b>Reporting and Record Keeping</b>	<ul style="list-style-type: none"> <li>• Collate regular reports for Steering Group including reporting on systemic issues.</li> <li>• Monitor and report on project performance and identify opportunities for improvement.</li> <li>• Funder reports are completed and submitted to deadline.</li> <li>• Manage inputs and outputs of data in the trainee management system.</li> </ul>
<b>Planning and Evaluation</b>	<ul style="list-style-type: none"> <li>• Work with Te Rūnanga o Te Rarawa Communications team on communications strategy for the programme (PR / good news stories).</li> <li>• Develop and regularly update employment and training calendar.</li> <li>• Ensure that continuous improvement is at the forefront of mind.</li> </ul>
<b>Relationship Building</b>	<ul style="list-style-type: none"> <li>• Build, nurture and maintain relationships with staff, kaingaki kāri, host employers and training providers.</li> <li>• Support Navigator to work with host employers and training providers to ensure on-job training meets learning requirements.</li> <li>• Support Navigator in assisting kaingaki kāri towards successful employment placement post programme.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>• Provide day to day Human Resources support to the project as required.</li> <li>• Maintain oversight of payroll process for accuracy and timeliness.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure all employees are vetted as per relevant requirements.</li> </ul>
<b>Health and Safety (H&amp;S)</b>	<ul style="list-style-type: none"> <li>• Maintain knowledge of host employer’s H&amp;S procedures to ensure the safety of kaingaki k̄ari.</li> <li>• Comply with all H&amp;S procedures of Te Rūnanga o Te Rarawa as well as the host employer(s).</li> <li>• Arrange provision of relevant Personal Protective Equipment for the task at hand.</li> <li>• Ensure all premises and vehicles used are maintained to a clean, tidy and safe standard and in accordance with any organisational policy.</li> </ul>
<b>Additional Duties as Required</b>	<ul style="list-style-type: none"> <li>• Any other reasonable duties to support the CEO and the kaupapa.</li> <li>• Flexibility and some weekend work may be required to meet the needs of the Navigator and host employers.</li> </ul>

### **Ngā Kaiakatanga (Ideal person specification)**

The ideal candidate will have a strong track record with the following skills, experience and qualities:

- Have proven relationships with industry training providers and employers.
- Proven experience in a project management role, particularly within a similar environment.
- Proven experience working in operational leadership within the commercial business space.
- Strong administrative skills, including the ability to articulate complex ideas and concepts.
- Exceptional communication skills – both written and oral.
- Excellent ability to develop and maintain relationships with a wide range of stakeholders.
- An understanding of Te Reo me ōna Tikanga Māori as relevant to local Hapū / Māori communities, and experience working at an iwi, hapū and whānau level.
- A strong passion for iwi development.

## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR	DATE

PERSONAL INFORMATION			
Family Name:			
Given Names:			
Contact Address:			
Email Address:			
Contact Phone:	Day		Evening
Have you reached the current school leaving age			Yes/No
Are you legally entitled to work in New Zealand?			Yes/No
As:			
A New Zealand citizen			Yes/No
A permanent resident			Yes/No
A holder of a current work permit			Yes/No

EDUCATION AND TRAINING		
<i>Schools and institutions attended</i>	<i>Dates</i>	<i>Courses taken and qualifications gained</i>
Do you have any other qualifications/certificates/licenses or attended any courses? (Give details)		

<b>Present or most recent employer</b>	
Company:	
Address:	
Position Held:	
Main duties:	
No. of hours per week:	
Length of service:	
Reason for leaving:	
For the purposes of compliance with the Privacy Act 1993 do you consent to the company contacting your present employer for the purposes of reference checking	Yes/No
<b>Next most recent employer</b>	
Company:	
Address:	
Position Held:	
Main duties:	
No. of hours per week:	
Length of service:	
Reason for leaving:	
<b>Next most recent employer</b>	
Company:	
Address:	
Position Held:	
Main duties:	
No. of hours per week:	
Length of service:	
Reason for leaving:	

Have you ever worked for this company or an associated company before?	Yes/No
If yes, where and when:	
Do you have secondary employment?	Yes/No
If yes, please detail:	

**REFEREES**

Give name, address and telephone numbers of at least two referees.

<i>Name</i>	<i>Position</i>	<i>Address</i>	<i>Phone No.</i>

I.....consent to the company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the company for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: ..... Date: .....

**GENERAL**

Are you prepared to work shifts if required to do so?	Yes/No
Have you worked shifts before	Yes/No
Are you prepared to work overtime if required?	Yes/No
Do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act?  If yes, please detail:	Yes/No
Have you been the subject of a Diversion ordered by the courts?	Yes/No
Are you awaiting the hearing of any criminal charges?  If yes, please detail:	Yes/No
Do you have a current drivers license?  If yes, what classes? Drivers License no:	
Do you have any demerit points or endorsements?	Yes/No
Do you have any civil legal proceedings against you pending?  If yes, please detail:	Yes/No

**MEDICAL**

Do you have any health related issues (including stress) that may impact on your ability to perform the tasks listed in the Job Description for the job that you are applying for?  If yes, please detail:	Yes/No
If you are offered employment, the offer may be made subject to your obtaining a full medical clearance (by completion of medical examination) to assess your fitness for the job for which you are applying.	
Do you consent to undergo a medical examination if you are offered employment?	Yes/No

**PRIVACY ACT CONSENT**

Do you consent to the company retaining the information contained in this application form for the purposes of considering your suitability for any other position that may arise with this company in the future?	Yes/No
--	--------

**DECLARATION**

I.....(full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. [I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance]

Signature: ..... Date: .....

## Section 1: Approved Agency to complete

(For more information please see the [Guide to Completing the Consent Form](#) - <http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

**Name of Approved Agency submitting vetting request:**

**Name of Applicant to be vetted:**

**Description of Applicant's role:**

**Applicant's purpose**

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Employee            | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer        | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Licence/Registration  | <input type="checkbox"/> Visa/Work Permit | <input type="checkbox"/> Other       |

**What group(s) will the applicant have contact with in their role for your agency?**

- |   |                                  |  |                                |
|---|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Elderly | <input type="checkbox"/> Other Vulnerable Adults | <input type="checkbox"/> Other |
|---|----------------------------------|--|--------------------------------|

**What is the applicant's *primary* role for your agency?**

- |  |   |                                     |                                    |
|--|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Caregiving (Children) | <input type="checkbox"/> Caregiving (Vulnerable adults) | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education |
| <input type="checkbox"/> Other                 |   |                                     |                                    |

**Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes (VCA Core Worker)   | <input type="checkbox"/> Yes (VCA Non-Core Worker) |
| <input type="checkbox"/> No (mandatory under other legislation/optional/standard Police Vet) |  |

**If this is a mandatory Vulnerable Children Act request, please specify the check reason below:**

- |  |   |
|--|---|
| <input type="checkbox"/> New Children's Worker | <input type="checkbox"/> Existing Children's Worker |
| <input type="checkbox"/> VCA Renewal           |   |

**Evidence of Identity** (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- A primary ID has been sighted (Mandatory – see the [guide](#) for further details)
- A secondary ID has been sighted (Mandatory – see the [guide](#) for further details)
- One form of ID is photographic (Mandatory – see the [guide](#) for further details)
- Evidence of name change has been sighted (if applicable)

*OR: If your organisation is able to accept a verified RealMe identity then:*

- An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)
- ✓ I am satisfied with the correctness of the applicant's identity
- ✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name:

Date:

Signature:

Electronic  
Signature



**Name of Approved Agency submitting vetting request:**

**Section 2: Applicant to complete and return to Approved Agency**

*\*Denotes a mandatory field*

**Personal Information**

Details (note: the name you are most commonly known by is your primary name)

\*Family name (Primary):

Given name(s):

\*Gender: (M)  (F)  (Other)

\*Date of birth:  (dd/mm/yyyy)

Place of birth:   
(Town/City/State)

\*Country of birth

NZ Driver Licence number:

**Previous names:** If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Permanent Residential Address**

\*Number/Street:

Suburb:  Post Code:

\*City/Town/  
Rural District:

## Section 3: Applicant to complete and return to Approved Agency

### Consent to release information

1. The New Zealand Police may release **any** information they hold relevant to the purpose of this vetting request. This includes:
  - Conviction histories and infringement/demerit reports
  - Active charges and warrants to arrest
  - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
  - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
  - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
  - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
  - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
  - b. Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children’s workers).
  - c. The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
  - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
  - The Police Vetting Service has ascertained that the purpose of the Police vet (e.g. employment role) still exists.

The Vetting Service will endeavour to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police’s disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

#### **Applicant’s Authorisation:**

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability at any time.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Electronic  
Signature

