



New Zealand  
Association of  
Counsellors

Te Roopu Kaiwhiriwhiri o Aotearoa

### Puawānanga Kaitiaki Report

Applicant's 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:

- Three or more Puawānanga Kaitiakitanga sessions were held.
- Engagement with the "Tihei-Wā Mauri Ora Indigenous Resource" (Piripi & Body 2010, 2013) and relevant resources to enhance their experience of Te Ao Māori, and to demonstrate their bi-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: