**EXPRESSION OF INTEREST FORM FOR HOST ORGANISATION**

**Section 1: ORGANISATION DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation Name:** | **Enter Organisation name** | | | |
| **Address:** | Enter Organisation address | | | |
| **Entity Information:** | Registered Company | Government Owned | Registered Charity/ Not for Profit | Other: Please specify here |
| **Organisation Type:** | Art Gallery  Festival | Multi Artform  Performing Arts | Venue  Other: Please specify here | |
| **Contact Person:** | Enter contact person name | | | |
| **Job Title / Role:** | Enter job title / role | | | |
| **Contact Details** | Email Address: Enter email address | | Mobile/Phone Number: Enter number here | |

**Section 2: ORGANISATION INFORMATION**

|  |  |
| --- | --- |
| What is your organisation’s Vision/Mission? | |
| Enter text here | |
| What policies/practices does your organisation have in place with regards to Tikanga Māori and/or Te Tiriti o Waitangi? | |
| Enter text here | |
| What support structures will you have in place to support the intern as well as workstation provision during their placement? | |
| Enter text here | |
| What are your main reasons for wanting an intern placed within your organisation? | |
| Enter text here | |
| What is your organisation COVID19 Risk Management Plan on all Alert Levels? | |
| Enter text here | |
| Who will be the mentor for your intern within your organisation? | |
| Name: Enter name here | Contact Details  Email: Enter email address here  Mobile/Phone Number: Enter contact number here |

**Section 3: INTERN POSITION DESCRIPTION\***

|  |  |
| --- | --- |
| **Reporting to:** | **Enter text here** |
| **Key Relationship:** | **Enter text here** |
| **Location:** | **Enter text here** |
| **Purpose of role:** | **Enter text here** |
| **Outcome:** | **Enter text here** |

|  |  |  |
| --- | --- | --- |
| **Key Results** | **Critical Tasks** | **Key Performance Indicators** |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here |
| Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here |

|  |  |
| --- | --- |
| **Person Specification (Please provide additional requirements for the position.) \*\*** | |
| **Skills:** | **Enter text here** |
| **Personal Attributes:** | **Enter text here** |

\*Feel free to attach a clear position description to this EOI form, which outlines the Purpose of the Role, Outcomes, Key Results Area, Critical Tasks,Key Performance Indicators, Person Specifications and Core Competencies.

\*\*Refer to MAI Frequently Asked Question no. 10.

**Please make sure to read the Host Information Sheet in conjunction with filling out this form to ensure that your organisation fits the criteria as a potential Host for the MAI Programme.**

**CHECKLIST**

I have read the FAQ’s about the Māori Arts Internship Programme

I have read the Host Organisation Information Sheet

I understand that should our EOI be accepted then we will be required to complete and sign a letter of agreement with Toi Māori Aotearoa

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

Please email your completed EOI and position description to Mayet Regala Rigg at Toi Māori Aotearoa office: Email: [admin@maoriart.org.nz](mailto:admin@maoriart.org.nz) by

**5.00PM, Friday 2 February 2024**

If you have any other questions, please feel to email, or call 04 801 7914