**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 DetailsEmail: Enter email address hereMobile/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 by

**5.00PM, Friday 2 February 2024**

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