

MAORI PARTNERSHIP BOARD

“Ma Tini, Ma Mano, Ka Rapa Te Whai”



“By Joining Together We Will Succeed”

CHECKLIST FOR RAG-M APPLICANTS

Please attach with your RAG-M application form

Before emailing your application form, please check to make sure that all relevant information has been attached.

If not applicable to the application write N/A

Please note: Incomplete applications may not be considered by RAG-M

Item	Yes, N/A
RAGM application form – emailed to ragm@ccdhb.org.nz by the due date.	
All patient information and consent forms	
Documentation for collecting patient information	
Study protocol	
Ethics application form	
Fees Payment Form or receipt	
Other documentation, please describe:	