

# MĀORI PARTNERSHIP BOARD

"Ma Tini, Ma Mano, Ka Rapa Te Whai"



"By Joining Together We Will Succeed"

## RESEARCH ADVISORY GROUP MĀORI (RAG-M) FEES PAYMENT FORMS

<b>Payable to:</b>	Research Advisory Group - Maori (Z610)	
<b>Amount:</b>	\$250.00	<input type="checkbox"/> tick this box if CTU Funded
<b>Research Name:</b>		
<b>Invoice To:</b>		
<b>Name:</b>	_____	
<b>Address:</b>	_____ _____ _____	
<b>Email:</b>	_____	
<b>Contact No.:</b>	_____	
<b>RAG-M Number:</b>	#	
<b>Please note: A RAG-M number is required to identify your payment. Please make sure to obtain &amp; enter your RAGM number by emailing <a href="mailto:ragm@ccdhb.org.nz">ragm@ccdhb.org.nz</a>.</b>		

### **Internal Applications:**

1. Please complete this form and include a copy with your application.
2. Please complete the CCDHB Funds Transfer Form (FTF) which is on the intranet.  
<http://ccdhb.intranet/SupportServices/Corporate/MaoriHealthDevelopment/rag-m/>
3. Post the original FTF with a copy of the Fees Payment Form (for finance purposes) to Carolina Torres, Corporate Finance, Level 12, GNB.
4.  Please tick here to indicate you have completed step 3.

### **Internal Applications – Clinical Trials Unit (CTU) Funded:**

1. Please complete this form and include a copy with your application.
2. Please complete the CCDHB Funds Transfer Form and send form to the Research Office  
[marina.dzhelali@ccdhb.org.nz](mailto:marina.dzhelali@ccdhb.org.nz)  
Research Office, Clinical Trials Unit, Level 8 (H), Ward Support Block. ext. 5117
3.  Please tick here to indicate you have completed step 2.

### **External Applications (including tertiary students):**

Please complete this form and email form to RAG-M at [ragm@ccdhb.org.nz](mailto:ragm@ccdhb.org.nz) who will arrange for an invoice to be sent to you.

If you have any questions about how to pay your fee please contact RAG-M at [ragm@ccdhb.org.nz](mailto:ragm@ccdhb.org.nz)

**THANK YOU**