



Nomination form

Please complete this form as fully as you are able, if you any questions or difficulties please contact the Department of Internal Affairs at Michael.kane@dia.govt.nz. Extra rows can be inserted in the boxes below, as required.

What body do you want to nominate yourself or someone else to?

Body	
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If you are nominating someone else, who are you?

Name of person or group	
Daytime telephone number	
Email address	

Who is being nominated?

Personal details	
Surname	
First name(s)	
Daytime telephone number	
Postal address	
Email address	
Gender	
Age	
Citizenship	
Ethnicity (and iwi affiliation if applicable)	

Professional and tertiary qualifications

Qualification	Institution	Year awarded

Professional memberships (For example, Institute of Directors in New Zealand, New Zealand Institute of Chartered Accountants, Archives and Records Association of New Zealand)

Body	Member since

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Government-appointed board experience (For example, Ethics Committee on Assisted Reproductive Technology, Tenancy Tribunal)			
Body	Position	Start date	Finish date
	Select		
	Select		
	Select		

Business or community board experience			
Body	Position	Start date	Finish date
	Select		
	Select		
	Select		

Paid and voluntary work experience			
Organisation	Position	Start date	Finish date

Possible conflicts of interest
<p>Does the person nominated have any professional associations, community links, investments or family connections with the body? If so, please list.</p> <p>For example, if the nomination is for a funding body and you or a close family member serves on a charity that seeks funding from that body, then you would need to list that</p>

Other matters
<p>Has the person nominated ever been declared bankrupt, convicted of a criminal offence, or are they currently involved in court proceedings? If so, please list.</p>

Nominee confirmation	
The person being nominated has agreed to be put forward	Yes or No
The person being nominated has seen the information sheet setting out the	Yes or No

Declaration

I,

(full legal name)

confirm that the information I have given in this disclosure form is complete, true and correct.

I authorise the Department of Internal Affairs to verify, at any time, the accuracy of the information I have provided in this disclosure form and my application materials. In addition, I consent to the Department of Internal Affairs-

- obtaining a copy of any criminal records I may have, held by Police or Ministry of Justice
- checking my educational or other qualifications with the relevant institutions
- carrying out checks on my financial position, including credit and insolvency history
- making any other necessary enquiries with government agencies or other bodies relevant to assessing my candidacy
- discussing the details of this application and all information provided with the Minister.

If I am appointed, I agree to promptly declare any actual or potential conflict of interest or probity issue to the Chair, who will decide how the conflict or probity issue can best be managed. I also agree to abide by any decisions about the management of that conflict or probity issue. I acknowledge that, in the event that a conflict or probity issue cannot be managed, the Chair will inform the appointing Minister and that the Minister may reconsider the suitability of me continuing to be a member.

Signature: _____

Date: _____