**Nomination form**

Please complete this form as fully as you are able, if you have any questions or difficulties please contact the Appointments Team at the Department of Internal Affairs at appointments@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?**

|  |  |
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| **Body** | Archives Council |

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

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| **Name of person or group** |  |
| **Daytime telephone number** |  |
| **Email address** |  |

**Who is being nominated?**

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| --- | --- | --- | --- | --- | --- | --- |
| **Personal details** | | | | | | |
| **Surname** |  | | | | | |
| **First name(s)** |  | | | | | |
| **Daytime telephone number** |  | | | | | |
| **Postal address** |  | | | | | |
| **Email address** |  | | | | | |
| **Gender**  **Male, female, gender diverse or prefer not to say** |  | | | | | |
| **Age**  **(Please tick the relevant box)** | <30 years | 31-40 years | 41-50  years | 51-60 years | 60+ years | Prefer not to say |
|  |  |  |  |  |  |
| **Citizenship** |  | | | | | |
| **Ethnicity (and iwi affiliation if applicable)** |  | | | | | |

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| **Professional and tertiary qualifications** (For example, Bachelor of Commerce, Master of Commerce) | | |
| **Qualification** | **Institution** | **Year awarded** |
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| **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, Winston Churchill Memorial Trust Board, Ethics Committee on Assisted Reproductive Technology, Tenancy Tribunal) | | | |
| **Body** | **Position** | **Start date** | **Finish date** |
|  | Select |  |  |

|  |  |  |  |
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| **Business or community board experience** | | | |
| **Body** | **Position** | **Start date** | **Finish date** |
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| **Paid and voluntary work experience** | | | |
| **Organisation** | **Position** | **Start date** | **Finish date** |
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| **Possible conflicts of interest** |
| **Does the person nominated have any professional associations, community links, investments or family connections with the body? If so, please list.**  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 |
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| **Other matters** |
| **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.** |
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| **Nominee confirmation** | |
| The person being nominated has agreed to be put forward |  |
| The person being nominated has seen the information sheet setting out the nature of the position, the time commitment, and the remuneration |  |

# Nominee Authorisation – please read carefully

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| *(full legal name)* |
| confirm that the information I have given in this disclosure form is complete, true and correct. |

I consent to the Department of Internal Affairs:

* verifying, at any time, the accuracy of the information I have provided in this disclosure form and my application materials;
* making enquiries with government agencies and other relevant bodies to confirm background information and assess my candidacy; and
* discussing the details of my application (and all information provided) with the appointing Minister.

If I am appointed, I agree to promptly declare any actual or potential conflict of interest or probity issue to the Chair of the Archives Council, 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, that the Minister of Internal Affairs may reconsider the suitability of me continuing to be a member of the body.

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| Signature: |  |
|  | |
| Date: |  |