**Nomination form for appointment as Chief Gambling Commissioner**

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

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| **Personal details** | |
| **Surname** |  |
| **First name(s)** |  |
| **Daytime telephone number** |  |
| **Postal address** |  |
| **Email address** |  |
| **Gender**  **M, F, gender diverse or prefer not to say** |  |
| **Age** |  |
| **Citizenship** |  |
| **Ethnicity (and iwi affiliation if applicable)** |  |

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| **Professional and tertiary qualifications** | | |
| **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, Ethics Committee on Assisted Reproductive Technology, Tenancy Tribunal) | | | |
| **Body** | **Position** | **Start date** | **Finish date** |
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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** |
| **Do you 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** |
| **Have you 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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| **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 appointing Minister, 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 appointing Minister may reconsider the suitability of me continuing to be a member.   |  |  | | --- | --- | | Signature: |  | |  | | | Date: |  | |