****

**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 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?**

|  |  |
| --- | --- |
| **Body** |  |

**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** |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **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** |
| **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 |
|  |
|  |
|  |

|  |
| --- |
| **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.** |
|  |
|  |
|  |

|  |
| --- |
| **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 nature of the position, the time commitment, and the remuneration | 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:  |  |

 |