**Nomination form for appointment to the Digital Council for Aotearoa New Zealand**

Please complete this form as fully as you are able, if you any questions or difficulties please contact the Department of Internal Affairs at sophie.turner@dia.govt.nz. Extra rows can be inserted in the boxes below, as required. You can also attach supporting documentation or details.

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| **Personal details** | |
| **Surname** |  |
| **First name(s)** |  |
| **Daytime telephone number** |  |
| **Postal address** |  |
| **Email address** |  |
| **Gender** |  |
| **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 that could be perceived as a possible conflict of interest with your appointment to the Digital Council? If so, please list. Please give an indication of the significance of the interests you have (eg, you are a majority shareholder vs owning a small number of shares in a large company).** |
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| **Other matters** |
| **Have you ever been declared bankrupt, convicted of a criminal offence, or are you currently involved in court proceedings? If so, please list.** |
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| **Referees** |
| **Could you please provide contact details for two referees who have knowledge of your professional experience.** |
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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 * carrying out a social media scan * making any other necessary enquiries with government agencies, other bodies relevant to assessing my candidacy or my referees * 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 appointing Ministers will be informed and that the Ministers may reconsider the suitability of me continuing to be a member.  .   |  |  | | --- | --- | | Signature: |  | |  | | | Date: |  | |