**Nomination form**

Please complete this form as fully as you are able, if you have any questions or difficulties please contact the Taumata Arowai Establishment Unit, Department of Internal Affairs at stephen.church@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** | Taumata Arowai – the Water Services Regulator | |
| **Please indicate which role/s** | □ | Taumata Arowai – Board Member |
| □ | Taumata Arowai – Board Chair |
| □ | Taumata Arowai – Māori Advisory Group Member |
| □ | Taumata Arowai – Māori Advisory Group Chair |

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

|  |  |
| --- | --- |
| **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** | | |
| **Qualification** | **Institution** | **Year awarded** |
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| **Professional memberships** (For example, Institute of Directors in New Zealand) | |
| **Body** | **Member since** |
|  |  |

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| --- | --- | --- | --- |
| **Current or most recent employment** | | | |
| **Employer** | **Position** | **Start date** | **Finish date** |
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| **Government-appointed board experience** | | | |
| **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, or any other possible conflicts of interest? If so, please list.** |
|  |
| **How does the person nominated intend to manage any possible conflicts of interest (if applicable)?** |
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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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| --- | --- | --- | --- |
| **Referees** | | | |
| **Name** | **Relationship to nominee** | **Email contact** | **Phone contact** |
|  |  |  |  |

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

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| **NOMINEEE 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 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 Chair, in their role as the Responsible Minister, may reconsider the suitability of me continuing to be a member of the body.

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