**Statutory Appointments - Expression of Interest Form**

Please complete this form as fully as you can. If you have any questions or difficulties please contact the Appointments Team at the Department of Internal Affairs at [appointments@dia.govt.nz](mailto:appointments@dia.govt.nz).

**Privacy statement**

The information you provide will be used to assess your suitability for appointment to the specified role. If you do not provide all information requested in this form, we may be unable to process your expression of interest. Your information will be held by the Department of Internal Affairs and will only be shared if permitted or required by law. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong by contacting [appointments@dia.govt.nz](mailto:appointments@dia.govt.nz).

**Which statutory body do you want to nominate yourself to?**

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| **Body** |  |

**Required information**

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| **You need to provide four parts to your application** |

You must provide **four** parts to your application:

1. a completed and signed version of this form;

2. a copy of your photo ID, either **passport** OR **New Zealand** **driver’s licence**;

3. a cover letter explaining how your skills and experience meet the selection criteria; and

4. a full current version of your curriculum vitae (CV).

**Nominee**

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| **Personal details** | | | | | | |
| **Surname** |  | | | | | |
| **First name** |  | | | | | |
| **Middle name(s)** |  | | | | | |
| **Daytime telephone number** |  | | | | | |
| **Home residential address** |  | | | | | |
| **Postal address (if different)** |  | | | | | |
| **Do you currently live within the Otago Community Trust area?**  People considered for appointment must reside within the Otago Community Trust area (see information pack or our website for the map of the area). |  | | | | | |
| **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 |
|  |  |  |  |  |  |
| **New Zealand Citizenship or Immigration Status**  (Please provide a copy of the front page of your passport/ proof of your visa status) | Choose an item. | | | | | |
| **Immigration Status / Visa Type – Additional Details** |  | | | | | |
| **Ethnicities**  **(**and iwi affiliation if applicable**)** |  | | | | | |
| **Current and most recent employment**  (Specify position and employer, including tenure - support with a current CV) |  | | | | | |

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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** | | | |
| **Body** | **Position** | **Start date** | **Finish date** |
|  | Select |  |  |
|  | Select |  |  |
|  | Select |  |  |
|  | Select |  |  |

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| **Other 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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Are there any commitments that will impede your ability to attend regular meetings of the Trust?

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| **Referees** |
| **Please provide the names of two referees whose consent has been obtained and who may be contacted for a confidential reference.** (Ideally a current or former chair or manager) |

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| **Name** |  | | |
| **Company / organisation** |  | | |
| **Relationship to you** |  | | |
| **Phone** |  | **Email** |  |
|  |  |  |  |
| **Name** |  | | |
| **Company / organisation** |  | | |
| **Relationship to you** |  | | |
| **Phone** |  | **Email** |  |

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| **Health Matters** | |  | |
| **Do you have, or have you ever had, a medical condition caused by an injury, illness, disability or any gradual process that may be aggravated by, or affect your ability to carry out the tasks expected of a member of a body?** | | | **Yes / No** |
| If YES, please provide details: | *(Type / write here)* | | |
| If you have responded YES, what accommodation, facilities or equipment would you require to be able to perform the role? | *(Type / write here)* | | |

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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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| **Criminal record** |
| **A criminal conviction will not necessarily exclude you from being considered for appointment. Any previous convictions that meet the criteria of the Criminal Records (Clean Slate) Act 2004 do not need to be disclosed. For information on the Act, see https://www.justice.govt.nz/criminal-records/clean-slate/** |

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| The Department of Internal Affairs may decide to check your record for criminal convictions and/or your credit status.  Do you consent to such a check? | | **Yes / No** |
| If you have answered **NO** to the above question, please provide details: | *(Type / write here)* | |
| Have you ever been convicted of any offence in New Zealand or in any other country (other than minor traffic or parking offences)? | | **Yes / No** |
| Are there any charges against you yet to be heard? | | **Yes / No** |
| If you have answered **YES** to either or both of the above two questions, please provide details: | *(Type / write here)* | |

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| **Please indicate below where you found out about this role?** |  | |
| Department of Internal Affairs website – statutory appointments page | | **Yes / No** |
| Institute of Directors | | **Yes / No** |
| www.jobs.govt.nz | | **Yes / No** |
| www.seek.co.nz | | **Yes / No** |
| LinkedIn | | **Yes / No** |
| Other (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Yes / No** |

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| **Disclosures** |  | |
| Have you been the subject of any disciplinary action by a professional body in New Zealand or overseas? | | **Yes / No** |
| Have you been made bankrupt, entered into a composition with creditors, or been disqualified as a director? | | **Yes / No** |
| Are there any other probity issues or other issues the Minister would need to be informed of before considering recommending you to the position you are applying for.? | | **Yes / No** |
| If you have answered **YES** to any of the above questions, please provide details below: | |  |
| *(Type / write here)* | |  |

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| Declaration | |
| I,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(full legal name)*  confirm that the information I have given in this form is complete, true and correct.  I also confirm that I have read and understood the exclusions (set out in the information pack) and confirm that I am eligible to apply to be a Trustee. | |
|  | Tick |
| 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; |  |
| * discussing the details of my application (and all information provided) with the appointing Minister; AND |  |
| * if appointed, releasing a CV summary and contact details to the chief executive and the chair of the relevant community trust to assist with induction and administrative arrangements. |  |
|  | Tick |
| I confirm that:   * I have read the candidate information sheet detailing the nature of the role, the time commitment and the remuneration. |  |
|  | Tick |
| If I am appointed:   * I agree to promptly declare any actual or potential conflict of interest or probity issue to the Chairperson 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 may reconsider the suitability of me continuing to be a member of the body. |  |

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| Signature: |  |
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| Date: |  |