

Statutory Bodies and Committees

Application Form



Statutory Body you are applying for	
--	--

Title		First name(s)		Surname	
--------------	--	----------------------	--	----------------	--

Home/postal address	
Home phone	
Home facsimile	

Date of birth	
Gender	
Citizenship	

Please include a current CV with this application	
Date CV prepared	

Business address	
Business phone	
Business facsimile	

Which ethnic group do you belong to? *Mark the space or spaces that apply to you.*

- New Zealand European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Chinese
- Indian
- other (such as Dutch, Japanese, Tokelauan). Please state

if Māori please state your iwi and/or iwi affiliations

Mobile phone	
Email:	

Summary of Career Experience – (Include a summary of your relevant career experience, specialist skills, areas of expertise including publications, projects, industry and sector experience)

Educational Qualifications		
Qualification	Year	Institution

Professional Memberships – Memberships held of professional, industry or sector associations		

Government Board Appointments Held (current and previous)		
Organisation	Year	Role

Private and/or Voluntary Organisation Service/Board Appointments Held (current and previous)		
Organisation	Year	Role

Candidates should divulge anything in their personal histories that should be brought to the attention of the Minister of Health. In particular they should divulge details of any criminal convictions or complaints upheld, or being investigated, by the Health and Disability Commissioner or any other relevant professional investigating body (please state nil if otherwise)

Referees		
Name	Address	Phone

Conflicts of Interest

Please advise any actual or potential financial, professional or personal conflicts of interest you may have if you are appointed as a member of the statutory body you are applying for (please state nil if otherwise)

Privacy Statement

The information provided in this form will be used to determine the applicant's suitability for consideration for appointment to a statutory body. If you wish, the information you have provided will be kept electronically for consideration in respect of future vacancies on statutory bodies.

The agency that will collect and hold the information is:
Ministry of Health
133 Molesworth Street
PO Box 5013
WELLINGTON

You have the right of access to, and correction of, information about you that is stored on a database.

Please delete one:

I wish/do not wish to have the information provided on this form retained in a database for consideration in respect of future vacancies on statutory bodies.

Signature: _____

Date: _____

Authority And Declaration

I authorise the named referees and any registration authority holding information relevant to the consideration for my appointment to a statutory body to disclose that information to the Ministry of Health.

I have completed all sections of the application form and the information supplied in this application is correct. I understand that providing incorrect, incomplete or misleading information will render this application invalid and may result in the revocation of any appointment made in reliance of such information.

Signature: _____

Date: _____