**Nomination form – Member of the Taumata Arowai Board**

Please complete this form and return it to [ta.appointments@dia.govt.nz](mailto:ta.appointments@dia.govt.nz) with the nominee's CV attached. Extra rows can be inserted in the boxes below, as required.

**What role do you want to nominate yourself or someone else to?**

*Both boxes may be ticked if you wish to be considered for either role*

|  |  |  |
| --- | --- | --- |
| **Body** | Taumata Arowai – the Water Services Regulator | |
| **Please indicate which role/s** | □ | Taumata Arowai – Board Member |
| □ | Taumata Arowai – Board Chair |

**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**  **Male, female, gender diverse or prefer not to say** |  |
| **Date of birth** |  |
| **Citizenship** |  |
| **Ethnicity** |  |

|  |  |  |
| --- | --- | --- |
| **Professional and tertiary qualifications** | | |
| **Qualification** | **Institution** | **Year awarded** |
|  |  |  |
|  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Current or most recent employment** | | | |
| **Employer** | **Position** | **Start date** | **Finish date** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Government-appointed board experience** | | | |
| **Body** | **Position** | **Start date** | **Finish date** |
|  | Select |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Business or community board experience** | | | |
| **Body** | **Position** | **Start date** | **Finish date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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, 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)?** |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Referees** | | | |
| **Name** | **Relationship to nominee** | **Email contact** | **Phone contact** |
|  |  |  |  |

|  |  |
| --- | --- |
| **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/** | |
| 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: | |
| 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: | |

|  |
| --- |
| **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: |  | |