Expression of Interest Form

All sections must be completed.

|  |  |
| --- | --- |
| Name(family name in upper case; include title if appropriate) |  |

The Position

|  |  |
| --- | --- |
| Organisation | New Zealand Standard Approval Board |
| Position (chair/member etc.) | Member |

How the Candidate Meets the Needs of the Position

|  |  |
| --- | --- |
| Skills and attributes the candidate will bring to the position As a whole, the New Zealand Standard Approval Board member will have:* Knowledge of, or experience in the standards and accreditation system
* an ability to bring a consumer perspective to the Board
* Knowledge of industries and sectors which use standards
* broad consumer networks
* experience dealing with complex issues
* awareness of emerging technologies
* experience in decision-making against set criteria
* Strong relationship management skills
 |  |
| Possible conflicts of interest |  |
| Proposals for conflict management(if applicable) |  |

The Candidate

|  |  |
| --- | --- |
| Address |  |
| Citizenship(if not New Zealand) |  |
| Date of Birth (statistical purposes only) |  |
| Current or most recent Employment(specify position and employer, include years) |  |
| Government board appointments held(current and previous, include years) |  |
| Private and/or voluntary sector board appointments held(current and previous, include years |  |
| Qualifications and experience, including any relevant tertiary or vocational education experience (include significant work history and community involvement) |  |

**Referees**

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

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability**

If employed, have you discussed the time commitment needed for this position with your employer?

YES [ ]  NO [ ]

**Health Matters**

Do you have, or have you ever had, a medical condition caused by 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 statutory entity?

YES [ ]  NO [ ]

If yes, please give details

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

If you have responded yes to the question, what accommodation / facilities / equipment would you require to perform the role?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**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* [*http://www.justice.govt.nz/privacy/clean-slate.html*](http://www.justice.govt.nz/privacy/clean-slate.html)*.*

The Department may decide to check your record for criminal convictions and/or your credit status. Do you consent to such a check? **Yes / No**

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 or are you the subject of any investigation by law enforcement authorities? **Yes / No**

If you have answered no to the first question or yes to any of the previous two questions please provide details;

|  |
| --- |
|  |
|  |
|  |

**Disclosure**

|  |  |
| --- | --- |
| Have you been the subject of any disciplinary action by any professional body in New Zealand or overseas? | **Yes / No** |
| Are there any unresolved complaints or pending disciplinary actions against you? | **Yes / No** |
| Have you ever been made bankrupt, entered into a composition with creditors, or been disqualified as a director? | **Yes / No** |
| If you answered yes to any of the above questions, please provide further details below: |
|  |
|  |
|  |
|  |

**Declaration**

I consent to the Ministry seeking verbal or written information about me on a confidential basis from the referees I have nominated and authorise the information requested to be released. I understand that the information will be supplied in confidence as evaluative material and will not be disclosed to me.

I have disclosed any illness or injury that I believe might affect my capability to undertake the duties involved in this role safely.

I have disclosed any potential conflict of interest that may affect my ability to perform the duties requires of this role effectively.

I certify that the information given orally and in writing by me is true, complete and correct and that I have disclosed anything that may be relevant for the Ministry to consider my application.

I declare the above to be true: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)