



MINISTRY OF
HEALTH

MANATŪ HAORA

Name		Date of Birth	
Occupation		Gender	
Business Address		Citizenship	
Home Telephone		Mobile Telephone	
Business Telephone		Business Facsimile	
E-mail		Date of Birth	
Education / Special Area		Year of Birth	
Professional / Specialist Area		Year of Birth	
Educational Qualification		Year of Birth	
Year		Institution	
Qualification		Year of Birth	

Statutory Bodies and Committees

Application Form

Professional membership - Membership of professional, industry or sector association

Name	
Address	
Date of Birth	
Year	

Title		Surname		First name/s	
Job title				Organisation	
Home address				Business address	
Home telephone				Business telephone	
Home facsimile				Business facsimile	
Mobile telephone				E-mail	
Date of birth		Gender		Citizenship	
Ethnicity (please state iwi, if Māori)				Date CV prepared	

Occupation/Specialist Area (eg Accountant, Social Worker, Nurse, Lawyer, Neurologist, Ophthalmologist)	
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Educational qualifications		
Year	Institution	Qualification

Career experience (Include a summary of your relevant career experience, specialist skills, areas of expertise including publications, projects etc and industries and sectors worked in.)

Professional memberships – Memberships of professional, industry or sector associations

Private Sector or Government Board member or director experience – Please list details of all current and any significant previous private sector or government appointments, board memberships or directorships. Start with most current or recent positions.

Organisation	Period in Years (eg 1996–1999)	Role

Relevant voluntary organisation service – Please list details of all current and any significant previous voluntary service positions held. Start with most current or recent positions.

Organisation	Period in Years (eg 1996–1999)	Position held and major responsibilities

Please state any financial, professional or personal conflicts of interest you may have if you are appointed as a member of a board or committee.

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 in progress, by the Health and Disability Commissioner or any other relevant professional investigating body.

What are the types of committees/ bodies to which you could make the best contribution?

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Please include a current CV with this application.
Should your CV change significantly please supply an updated form and CV.

Referees		
Name	Address	Phone

Privacy Statement

The information provided in this form will be used to determine the applicant's appropriateness for consideration of an appointment to a committee or body. If agreed, the information will be kept electronically for consideration of future vacancies on committees and bodies.

The agency that will collect and hold the information is:

Ministry of Health
133 Molesworth Street
P O Box 5013
Wellington
(04) 496 2000.

The applicant has the right of access to, and correction of, the information about them that is stored on a database.

Please delete one:

I agree/do not agree to the information provided on this form being put in a database for consideration of future vacancies on committees and bodies.

Signature: _____

Date: _____

Authority and Declaration

I authorise the named referees holding information about my appropriateness for consideration of an appointment to a committee or body to disclose that information to the Ministry of Health.

All sections of the application form have been completed and the information supplied in this application is correct. Incorrect or missing information will render this application invalid.

Signature: _____

Date: _____