**Nomination form for members for the Royal Commission into Historical Abuse in State Care**

Please complete this form as fully as you are able, if you have any questions or difficulties please contact the Department of Internal Affairs via [inquirynominations@dia.govt.nz](mailto:inquirynominations@dia.govt.nz). Extra rows can be inserted in the boxes below, as required.

**If you are nominating someone else, who are you?**

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| **Name of person or group** |  |
| **Daytime telephone number** |  |
| **Email address** |  |

**Who is being nominated?**

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| **Personal details** | |
| **Surname** |  |
| **First name(s)** |  |
| **Daytime telephone number** |  |
| **Postal address** |  |
| **Email address** |  |
| **Gender** |  |
| **Age** |  |
| **Citizenship** |  |
| **Ethnicity** |  |

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| **Professional and tertiary qualifications** (For example, Bachelor of Arts, Bachelor of Science, Master of Laws) | | |
| **Qualification** | **Institution** | **Year awarded** |
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| **Professional memberships** (For example, Institute of Directors in New Zealand, New Zealand Institute, Law Society, New Zealand Association for Social Workers, or others) | |
| **Body** | **Member since** |
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| **Government-appointed or other professional governance experience** (This may include professional bodies, boards, tribunals, review panels) | | | |
| **Body** | **Position** | **Start date** | **Finish date** |
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| **Academic publications, reports, or seminars/presentations (if applicable)** | |
| **Publication type, publisher and title or seminar name and location** | **Date** |
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| **Business or community board experience** | | | |
| **Body** | **Position** | **Start date** | **Finish date** |
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| **Most recent paid and voluntary work experience** | | | |
| **Organisation** | **Position** | **Start date** | **Finish date** |
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| **Possible conflicts of interest** |
| **Does the person nominated have any professional associations, community links, investments or family connections with the Royal Commission? If so, please list.** |
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| **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.** |
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| **Nominee confirmation** | |
| The person being nominated has agreed to be put forward |  |
| The person being nominated has seen the information sheet setting out the nature of the position, the time commitment, and the remuneration |  |

# Authorisation – please read carefully

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| *(full legal name)* |
| confirm that the information I have given in this disclosure form is complete, true and correct. |

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; and
* discussing the details of my application (and all information provided) with the appointing 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 of the Royal Commission.

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| Signature: |  |
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| Date: |  |