

Self-Nomination Form

Community Representative - Collective Impact Board

Use this form to nominate yourself as a candidate to represent the community on the Collective Impact Board.

- ✓ You need to complete all parts of this nomination form.
- ✓ You need to sign and date this form.
- ✓ You may attach other documents to support your nomination if you want to.
- ✓ Send the completed form and supporting documents to collectiveimpactboardnominations@msd.govt.nz

Nominations open on Monday 30 May 2022 and close at 5pm on Friday 10 June 2022

Late submissions will not be considered.

The Ministry of Social Development is administering the nomination process for the Collective Impact Board on behalf of the Associate Minister for Social Development and Employment.

Your details (Self-nominating candidate to complete) Your full name Gender Home address (the address where you live) Postal address (if different from above) Phone Mobile Email Home Work

Please note, we may contact you for more information.

Self-nomination information (Self-nominating candidate to complete)

Thank you for your interest in representing your community as a member of the Collective Impact Board.

Please tell us about yourself, and the skills and experience you could bring to the role.

You may use more pages or attach other documents if you want to.

Referee details (Self-nominating candidate to complete)

If you would like to give us the name of two people who support your self-nomination, you may do so below.

We will contact them to ask why they believe you would be suited to the community representative role on the Collective Impact Board if you are a shortlisted candidate.

Referee 1

Full Name			
Home address (the place where the referee lives)			
Postal address (if different from above)			
Phone	Home	Wor	rk
Mobile		<u> </u>	
Email			

Referee 2

Full Name			
Home address (the place where the referee lives)			
Postal address (if different from above)			
Phone Mobile	Home	Work	
Email			

Will y	you need	l extra su _l	pport?	(Self-nominating candidate	to complete)
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If you are appointed, would you need additional support to carry out your work as a Community Representative	YES If yes, pl	ease provide de	NO	(Tick relevant box)
Board Member?				
For example, health, disability, or language support.				
(This is so we can make sure you get the support you need)				
Inland Revenue num	ber (Se	lf-nominating (candidate to c	omplete)
Do you have an Inland Revenue number?	YES		NO	(Tick relevant box)
(To be paid as a Community Representative on the Board, you need to have an Inland Revenue number.)				
Disalogues of interes	40 0md	l aanfliata	(2.15	
Disclosure of interes	ts and	Commets	(Self-nomina	iting candidate to complete)
As part of the selection proce that may affect their ability to				out all relevant interests and conflicts d.
-	y. Perso	onal interests	can be finar	nay affect your ability to do your job nocial or related to family, friends, or received.
Please give details if you think you may have a conflict of interest, even if you are not sure, or it is a possible or perceived conflict of interest.				

Authority and declaration (Self-nominating candidate to complete)

I declare that I have completed this application fully and truthfully.

I agree that if I have not done so, this application may be invalid and may disqualify my appointment to the Collective Impact Board should I be successful.

The information on this form is being collected for the purpose of assessing my nomination towards being a Community Representative on the Collective Impact Board. Pursuant to the Privacy Act 2020 I can ask to have this information and ask for it to be corrected if necessary.

Candidate signature:	Date:	: