



# Nomination Form

## Community Representative Collective Impact Board

For translation support services  
• call **0800 453 771**  
• visit [ezispeak.nz](http://ezispeak.nz)

Use this form to nominate someone to be a Community Representative on the Collective Impact Board. If you want to nominate yourself, please use the green Self-Nomination form.

- ✓ Please complete all parts of this form.
- ✓ The nominator (the person making the nomination) and the candidate (the person you are nominating) both 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](mailto:collectiveimpactboardnominations@msd.govt.nz)

**Nominations open on 15 March 2021 and close at 5pm on 29 March 2021.**

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.

### Complete this section if you are nominating someone *(Nominator to complete)*

Nominator full name	<input type="text"/>
Home address <i>(the place where you live)</i>	<input type="text"/>
Postal address <i>(if different from your home address)</i>	<input type="text"/>
Home phone	<input type="text"/>
Work phone	<input type="text"/>
Mobile phone	<input type="text"/>
Email	<input type="text"/>

**I nominate the following person to represent the affected community on the Collective Impact Board:**

Name of candidate: <i>(Write the full name of the person you are nominating.)</i>	<input type="text"/>
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We may contact you for further information regarding your nomination.

## Reason for nomination (Nominator to complete)

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Please tell us why you are nominating the person. For example, you can explain:

- ✓ how you know them
- ✓ why they would effectively represent the interests and needs of the affected community
- ✓ the characteristics you think would make them a good community representative
- ✓ any other information you think is important.

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


## Complete this section if you are being nominated as a Community Representative (Candidate to complete)

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Candidate's full name	<input type="text"/> <input type="text"/>
Gender	<input type="text"/>
Date of birth	<input type="text" value="   "/> (DD/MM/YYYY)
Home address <i>(the place where the Nominee lives)</i>	<input type="text"/> <input type="text"/>
Postal address <i>(if different from above)</i>	<input type="text"/> <input type="text"/>
Home phone	<input type="text"/>
Work phone	<input type="text"/>
Mobile phone	<input type="text"/>
Email	<input type="text"/>



## Inland Revenue number *(Candidate to complete)*

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Do you have an Inland Revenue number?

*(To be paid as a member of the Board, you need to have an Inland Revenue number.)*

No  Yes

## Disclosure of interests and conflicts *(Candidate to complete)*

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As part of the selection process, candidates need to tell us about all relevant interests and conflicts that may affect their ability to effectively contribute to the Board.

A conflict of interest is when your personal interests or goals may affect your ability to do your job fairly and in a professional way. Personal interests can be financial or related to family, friends, or associates. Conflicts of interest may be actual, potential or perceived.

**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.**


## Nomination *(Nominator to complete)*

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I nominate the person named in this form as a candidate for membership of the Collective Impact Board.

The candidate has consented to being nominated.

I have truthfully completed my details in this form.

Nominator's name *(print)*

Nominator's signature

Date *(DD/MM/YYYY)*

## Candidate authority and declaration *(Candidate to complete)*

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I declare that I have completed this application truthfully.

I agree that if I have not done so, this application may be invalid and may disqualify my appointment 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's name *(print)*

Candidate's signature

Date *(DD/MM/YYYY)*



