



Self-Nomination Form

Board Chair

Collective Impact Board

For translation support services
• call **0800 453 771**
• visit ezispeak.nz

Use this form to nominate yourself for the role of Board Chair of 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 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 yourself as Board Chair

(Self-nominating candidate to complete)

Your full name	<input type="text"/>
Gender	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)
Home address <i>(the place where you live)</i>	<input type="text"/>
Postal address <i>(if different from above)</i>	<input type="text"/>
Home phone	<input type="text"/>
Work phone	<input type="text"/>
Mobile phone	<input type="text"/>
Email	<input type="text"/>

We may contact you for further information regarding your nomination.

Reason for your self-nomination *(Self-nominating candidate to complete)*

Thank you for your interest in representing your community as Board Chair of the Collective Impact Board. Please tell us about yourself, including the governance and leadership skills and experience you could bring to the role.

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

Referee details

If you would like to give us the name of someone who supports your self-nomination, you may do so below. We will contact them to ask why they believe you would be suited to the role.

Referee full name

Home address
(the place where the referee lives)

Postal address
(if different from above)

Home phone

Work phone

Mobile phone

Email

Will you need extra support? (Self-nominating candidate to complete)

If you are appointed, would you need additional support to carry out your work as a member of the Board?
(For example, health, disability or language support.)

No Yes ▶ Please provide details *(This is so we can make sure you get the support you need)*

Inland Revenue number (Self-nominating candidate to complete)

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 (Self-nominating candidate to complete)

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.

Self-nominated candidate 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 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)*

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Candidate's signature

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Date *(DD/MM/YYYY)*

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