**Expressions of Interest - Consumer Representative - Psychology Advisory Group**

1. **Title:**
2. **Gender:**
3. **First name(s):**
4. **Family name:**
5. **Mobile number:**
6. **Physical address:**
7. **Email address:**
8. **NZ Citizen/Permanent resident: YES/NO (please circle one)**
9. **Ethnic group and Iwi affiliation (if applicable):**
10. **What do you know about Regulatory Authorities and the NZPB?**
11. **What interests you in joining the Psychology Advisory Group?**
12. **What expertise/knowledge do you hope to contribute to the group? Are there any areas of psychology that you feel especially informed?**
13. **Have you participated on advisory boards before? If so, please elaborate**
14. **How do you think you would contribute to the group’s diversity?**
15. **Are you able to commit to the required meeting, pre-reading expectations?**
16. **Are you aware of any conflicts of interest you have in joining the advisory group?**
17. **Is there anything else you would like us to know about you or your interest in joining the advisory group?**
18. **Please provide the names and contact information of two referees**