

Workforce Working Group

Nomination / Expression of Interest Application Form

Do you have an interest in growing and sustaining the palliative care workforce?

The **National Palliative Care Steering Group** is forming a fixed term working group, to provide recommendations to grow and sustain a clinically and culturally competent, diverse palliative care workforce that represents the community it is serving and meets service demands. For more information see the Workforce Working Group Terms of Reference.

Community representatives

We need community representatives to ensure the needs of people, whānau and communities remain at the heart of our services and systems. We invite people with an interest in palliative care services, and their varied workforces, including from a Māori perspective, to apply for this working group. Please fill in the Nomination/Expression of Interest application form below.

Sector representatives

We are also looking for health sector representatives with a range of expertise in health workforce and palliative care services, including:

- Hospice
- Hospital palliative care
- District Nursing
- Paediatric palliative care
- Aged Residential Care
- Primary Care
- Education and training provider, e.g. tertiary sector organisation
- Health workforce
- Homebased Care
- Regional commissioning representatives

All applicants may apply as an individual or as a Nominated Representative of an organisation, group or network.

September 2025

Role requirements

Representatives must be:

- available to attend meetings and progress work between meetings (minimum time commitment of 8 hours per month)
- able to commit to a minimum of 6 months from November 2025
- connected and influential in their service, community, organisation or network
- passionate about ensuring palliative and end-of-life care meets the needs of whānau and all New Zealanders
- able to work collaboratively, promote trust, share information and be innovative
- able to think about services and systems from national and patient/whānau perspectives.

Skills/experience:

- experience in improving health outcomes for Māori, Pacific, and underserved communities
- advanced experience of (or interest / expertise in) palliative care services
- ability to analyse information, and write reports and proposals
- well networked and a flexible and effective communicator.

Consideration will be given to ensuring diversity of cultural perspectives, experience, and geographic spread within the group.

Please complete the Nomination / Expression of Interest form below and email it to palliativecare@TeWhatuOra.govt.nz.

Closing date

Nominations and Expressions of Interest for this working group will **close on Friday 17 October 2025**.

How to apply

Please complete the Nomination / Expression of Interest form below (including your sector endorsement if applicable) and email it to palliativecare@TeWhatuOra.govt.nz.

For further information please email Stephanie Read (System Design Manager– Palliative Care, Health New Zealand): Stephanie.Read@TeWhatuOra.govt.nz.

Ehara tāku toa i te toa takitahi, he toa takitini
My strength is not as an individual, but as a collective

Nomination / Expression of Interest Form
Workforce Working Group

Name		
Iwi affiliation(s)		
Current job title/role(s)		
Network, organisation or community you would like to represent (if applicable)		
Town/City/Place of Residence		
Work Telephone	Mobile	
Mobility/accessibility and/or dietary requirements		
Email		
Postal Address		

Brief history of your experience of (or interest/expertise in) palliative care in Aotearoa New Zealand.

Brief history of your experience of improving health outcomes for Māori, Pacific, and underserved communities

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Brief history of your experience representing your sector, community, organisation or network (e.g. roles and responsibilities held).

Examples of your previous experience or interest in palliative care workforce improvement, as well as writing reports and proposals for change.

Your signature:

Date:

Manager's approval (required if you intend to participate in this group during your work time)

Manager's name:

Title and Organisation:

Comments (if any):

Signature:

Date:

For nominated representatives – to be filled in by your organisation's lead prior to submission to Te Whatu Ora		
Name of network, group or organisation:		
Your name and role:		
Does your group endorse this applicant to represent you on the Outcomes Measures and Reporting Working Group?	Yes / No	
Comments (if any)		
Signed:		Date:

Return completed form to: palliativecare@tewhatuora.govt.nz