

# Application for appointment to the Family Violence Death Review Committee

Please complete all sections of this form. It must be signed and dated.

Attach a brief CV detailing your education and training, full employment history, specific skills and abilities and any other details that you feel will be useful to support your application. See the call for nominations for specific attributes sought for the position you are applying for.

<b>Position being applied for</b>	
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<b>Last name</b>		<b>First name(s)</b>	
<b>Previous/or other names you are known as</b> (eg, maiden name):			
<b>Postal address</b>		<b>Phone no. (day)</b>	
		<b>Phone no. (evenings)</b>	
		<b>Cell phone</b>	
		<b>Email</b>	

<p><b>1. Are you a New Zealand or Australian citizen?</b></p> <p><b>If you are not a New Zealand or Australian citizen:</b></p> <p>Do you have permanent residency in New Zealand; or</p> <p>Do you have a permit and/or visa to work in New Zealand?</p> <p><b>Expiry date of your permit/visa:</b> <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>You will be required to provide evidence of your citizenship, permanent residence or permit/visa if your application proceeds. This will usually be your passport, or a New Zealand birth certificate or citizenship certificate and some form of photo identification such as a New Zealand driver's licence.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>2. Are you physically located in New Zealand?</b></p> <p>If No, please indicate your arrival date: <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>3. Have you been convicted of any offence against the law within the last seven years or do you have any criminal charges pending (apart from minor speeding or parking offences)?</b> (Note: a false declaration about prior convictions or pending prosecutions will invalidate your application.)</p> <p>Please note that you may be required to agree to a Ministry of Justice check.</p> <p>If yes, please give details:</p> <input type="text"/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>



Please indicate the names, contact addresses and telephone numbers of anyone you would be happy for the Health Quality & Safety Commission to contact about your suitability for membership of the Family Violence Death Review Committee. We need at least two referees.

Name		Contact number
1		
2		
3		

**Authority and declaration**

I hereby authorise the Health Quality & Safety Commission to collect such personal information about me from the named referees as is necessary to assess my suitability for appointment to the Family Violence Death Review Committee and I authorise the Health Quality & Safety Commission to disclose such personal information as is necessary for the same purpose. I also authorise the named referees holding such information about me to disclose that information to the Health Quality & Safety Commission for the same purpose.

I certify that the information provided is correct and no information has been omitted.

By typing your name below you are 'electronically signing' this form. A copy of your email and form will be kept for our records.

<b>Signed (type/sign)</b>		<b>Date</b>	
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**Authority to verify academic qualifications**  
(if applicable)

As part of our candidate screening we require your authorisation to confirm any tertiary academic qualifications. Please do not complete this form unless you have post-secondary school level qualifications. Please list these qualifications in the table below, and complete the authorisation portion of this form.

Name of award/qualification	Name of institution	Date conferred

We need to check this record under the name you were using at the time your qualification was conferred. If you have since changed your name, please give your previous name.

NB: If any of these qualifications have been conferred by an overseas institution, have you had your qualifications evaluated by the qualifications evaluation service?

Yes  No

**For overseas qualifications only:**

If you have not had your qualifications evaluated by the Qualifications Recognition Service of the New Zealand Qualifications Authority, you may be required to do so before any offer of appointment can be confirmed. The Health Quality & Safety Commission will then obtain evidence of this evaluation from the evaluation service.

**Full details of the evaluation service are available from:**

Qualifications Recognition Service  
New Zealand Qualifications Authority  
PO Box 160  
Wellington 6140

**Or from their website:**

[www.nzqa.govt.nz/qualifications-standards/international-qualifications/](http://www.nzqa.govt.nz/qualifications-standards/international-qualifications/)

**Candidate authorisation**

I, \_\_\_\_\_ (print full name) authorise the Health Quality & Safety Commission and its duly authorised agents to collect, disclose and retain personal information about me in relation to my academic record with the above educational institution(s).

<b>Signature</b>		<b>Date</b>	
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