

MEDICATION SAFETY EXPERT ADVISORY GROUP

Application for Membership

| | | |
|------------|--|---------------------------------------|
| Title | First Name | Surname |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| NZ Citizen | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please state other citizenship |

| | |
|--------------|--|
| Home Address | |
| Home email | |

| | | |
|---|-------------------------------|-----------------------------------|
| Home Ph: | Home Fax: | Mobile: |
| Where would you prefer documents sent to: | <input type="checkbox"/> Home | <input type="checkbox"/> Business |

| | | |
|---------------------------|--|---|
| Business Physical Address | | Business Physical Postal Code |
| Business Postal Address | | Business Postal Code |
| Business email | | May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--------------|--------------|-----------------------|
| Current Role | Organisation | Time held in position |
| | | |

| | |
|-------------------------------------|---|
| Provide a Short Bio (summary of CV) | <i>(Please also attach a current CV with this application)</i> |
| | |

Membership / Appointments

| | | | |
|--------------------------|---|-------------|-------------|
| Professional Memberships | <i>(i.e. Memberships held of professional, industry or sector associations)</i> | | |
| Government Appointments | <i>Organisation</i> | <i>Year</i> | <i>Role</i> |
| Other Board Appointments | | | |

Qualifications

| | | |
|--------------|------|-------------|
| Academic | Year | Institution |
| Professional | | |

| | |
|----------------|--|
| Career History | |
|----------------|--|

Specialist skill set for Expert Advisory Group

| | |
|-----------|----------|
| Technical | Clinical |
|-----------|----------|

Referees

| Name | Job Title | Contact number | Email |
|------|-----------|----------------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Conflict of Interest

Please advise any actual or potential financial, professional or personal conflicts of interest you may have if you are appointed as a member of the Medication Safety Expert Advisory Group *(please state nil if otherwise)*

Privacy Statement / Authority Declaration

I agree that the information provided in this form will be used to determine the applicant's suitability for appointment to this group. I have completed all sections of the application form and the information supplied in this application is correct. I understand that providing incorrect, incomplete or misleading information may result in the revocation of any appointment

The agency that will collect and hold the information is:

Health Quality & Safety Commission
Customs House, Level 8
17-21 Whitmore Street
PO Box 25496
Wellington 6146

| | |
|--------|------|
| Signed | Date |
| Name | |