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NZSL name



Visual description: A purple Whaikaha logo with a QR scan for the NZSL name.

Expression of Interest Form

Position: New Zealand Disability Strategy Refresh Working Group Member

Please do your best to complete all sections.

- **You can email your form and any additional documents or any questions you have to: disabilitystrategy@whaikaha.govt.nz**
- **You can post the completed form and any additional documents to (Whaikaha uses Reply Paid [Freepost], so you can post information without a stamp.):**
Partnerships and Stewardship Group.
Whaikaha - Ministry of Disabled People.
Reply Paid: 262204.
PO Box 1556.
Wellington 6140

Please return your form to us by **3 March 2025**.

About You

Name:

Email:

Phone:

Address:

Citizenship (if not New Zealand):

Please identify one or more Working Group(s) you are expressing an interest in (Please select by putting X next to all that apply, or listing all that apply):

- Education
- Employment
- Health
- Housing
- Justice

What perspective/s would you bring? (Please select by putting X next to all that apply, or listing all that apply)

(This section covers key selection criteria which will be used as part of the selection process)

- Tāngata whaikaha Māori / whānau hauā / Māori disabled
- Deaf
- Turi Māori
- Disabled person
- Pacific disabled
- Rainbow disabled
- Family/Whānau
- Youth
- Rangatahi Māori
- Disabled older people
- Rural perspectives
- Other _____

How Do You Meet the Needs of the Position

(This section covers key selection criteria which will be used as part of the selection process)

What is your experiences of disability or understanding about the Working Group outcome area(s) you are interested in (please write your response below):

What specific skills and experience do you bring? Tell us about your (Please select by putting X next to all that apply, or listing all that apply, and write your response below each applicable option):

- Experience, knowledge and expertise of the outcome area:

- Leadership, strategic, analytical and decision-making experience:

- Ability to contribute to robust discussions and reach pragmatic solutions:

- Experience and abilities in working co-operatively to develop actions:

- Ability to communicate effectively with the disability including disabled people, families, Deaf people, Pacific People and tāngata whaikaha Māori, whānau hauā, Turi Māori including managing expectations:

- Ability to work to tight deadlines:

Do You Have Any Potential Conflicts of Interest?

Please outline real, potential or perceived conflicts and suggestions for the management of conflicts. Please include any organisational or group membership. Note that all members of the Working Groups will be appointed as individuals, not as representatives or nominees of organisations:

Please list your relevant experiences (relevant only to this role)

Please list your experiences, voluntary positions, employment, contracting positions, board or committee appointments, qualifications and community involvement. You are also welcome to attach your CV/Resume if you would like:

Current or most recent Employment or Voluntary Positions (please include the position, organisation, employment status and when/years of service):

Current or previous Government Committee/Board Appointments (please include year/s):

Qualifications and Experience, including any relevant tertiary or vocational education experience and community involvement:

Other:

Referees

Please provide the names of two referees who have agreed to be contacted for a confidential reference. It would be best they are from one of the organisations you told us in the relevant experience section.

1. Name:
Organisation/Company:
Relationship:
Phone:
Email:

2. Name:
Organisation/Company:
Relationship:
Phone:
Email:

Your Availability

If appointed, will you be able to commit to 50 to 90 hours between March to November 2025 (about 2 to 3 hours a week)? Please note that some weeks may have more hours and some weeks may have no hours. **(Please select by putting X next to the option that applies, or delete the options that don't apply)**

- YES
- NO
- I will need to check with my employer &/or other relevant commitments

Health or Disability Matters and Reasonable Accommodations

Please outline any relevant information, including any support required to perform the role (Please write your response below):

Criminal Record & Disclosures

Please note that, if appointed, we may seek additional information regarding any criminal convictions and/or your credit status. A criminal conviction will not necessarily exclude you from being considered for appointment. Any

previous convictions that meet the criteria of the Criminal records (Clean Slate) Act 2004 do not need to be disclosed. For information on the Act, see <http://www.justice.govt.nz/privacy/clean-slate.html>. We may also seek information on disciplinary action or unresolved complaints in relation to previous employment.

Consent

I consent to the Ministry seeking verbal or written information about me on a confidential basis from the referees I have nominated and authorised the information requested to be released. I understand that the information will be supplied in confidence as evaluative material and will not be disclosed to me.

I have disclosed any actual, potential or perceived conflicts of interest above and they are correct to the best of my knowledge and I declare these in good faith.

I confirm that the information given orally and in writing by me is true, complete, and correct and that I have disclosed anything that may be relevant for the Ministry to consider my application.

I confirm the above to be true:

Signature:

Date:

Your attachments

This application includes the following [these are optional] (Please select by putting X next to all that apply, or listing all that apply):

- Additional pages
- CV (Curriculum vitae) or Resume
- Video or alternate format application
- Cover letter
- Other _____

Please Note: We are collecting personal information from you in order to consider your expression of interest in becoming a member of the NZ Disability Strategy Refresh Working Groups. Providing some information is optional. If you choose not

to enter name, address and email, we will not be able to appoint you as a member of the Working Groups. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at privacy@whaikaha.govt.nz