## Expression of Interest Form All sections must be completed.

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|--|---|--|--|--|--|
| Name<br>(family name in upper case;<br>include title if appropriate) |   |  |  |  |  |
| The Position   |   |  |  |  |  |
| Organisation   | Engineering Associates Registration Board |  |  |  |  |
| Position (chair/member etc.)   | Member                                    |  |  |  |  |
| How the Candidate Meets the Needs of the Position                    |   |  |  |  |  |
| Skills and attributes the candidate will bring to the position       |   |  |  |  |  |
| Possible conflicts of interest                                       |   |  |  |  |  |
| Proposals for conflict management (if applicable)                    |   |  |  |  |  |

## **The Candidate**

| Address  |  |
|--|--|
| Citizenship<br>(if not New Zealand)  |  |
| Date of Birth (statistical purposes only)  |  |
| Current or most recent<br>Employment<br>(specify position and employer,<br>include years)  |  |
| Government board appointments held (current and previous, include years)   |  |
| Private and/or voluntary sector board appointments held (current and previous, include years   |  |
| Qualifications and experience, including any relevant tertiary or vocational education experience (include significant work history and community involvement) |  |

## Referees

Please provide the names of two referees (ideally including a current or former board chair or manager) whose consent has been obtained and who may be contacted for a confidential reference.

| 1.  | Name         |   |  |  |  |  |
|---|--------------|---|--|--|--|--|
|   | Company      | - |  |  |  |  |
|   | Relationship | - |  |  |  |  |
|   | Phone        |   |  |  |  |  |
|   | Email        |   |  |  |  |  |
| 2.  | Name         |   |  |  |  |  |
|   | Company      |   |  |  |  |  |
|   | Relationship | - |  |  |  |  |
|   | Phone        |   |  |  |  |  |
|   | Email        |   |  |  |  |  |
|   |              |   |  |  |  |  |
|   | Availability |   |  |  |  |  |
| If employed, have you discussed the time commitment needed for this position with your employer?  |              |   |  |  |  |  |
|   | YES NO NO    |   |  |  |  |  |
|   |              |   |  |  |  |  |
|   |              |   |  |  |  |  |
| Health Matters  |              |   |  |  |  |  |
| Do you have, or have you ever had, a medical condition caused by injury, illness, disability or any gradual process that may be aggravated by, or affect your ability to carry out, the tasks expected of a member of a statutory entity? |              |   |  |  |  |  |
|   | YES NO NO    |   |  |  |  |  |
| If yes, please give details   |              |   |  |  |  |  |
| _   |              |   |  |  |  |  |
|   |              |   |  |  |  |  |

| If you have responded yes to the question, what accommoduld you require to perform the role?   | odation / facilities / equipment                        |  |  |  |
|--|---|--|--|--|
| would you require to perform the role:   |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| Criminal record  |   |  |  |  |
| A criminal conviction will not necessarily exclude you from Any previous convictions that meet the criteria of the Crim 2004 do not need to be disclosed. For information on the <a href="http://www.justice.govt.nz/privacy/clean-slate.html">http://www.justice.govt.nz/privacy/clean-slate.html</a> . | ninal records (Clean Slate) Act                         |  |  |  |
| The Department may decide to check your record for criminal convictions and/or your credit status. Do you consent to such a check?  Yes / No.  |   |  |  |  |
| Have you ever been convicted of any offence in New Zea than minor traffic or parking offences)   | land or in any other country (other<br><b>Yes / N</b> o |  |  |  |
| Are there any charges against you yet to be heard or are you the subject of any investigation by law enforcement authorities?  Yes / N   |   |  |  |  |
| If you have answered no to the first question or yes to any please provide details;  | of the previous two questions                           |  |  |  |
|  |   |  |  |  |
| Disclosure   |   |  |  |  |
|  |   |  |  |  |
| Have you been the subject of any disciplinary action by any professional body in New Zealand or overseas?  | Yes / No  |  |  |  |
| Are there any unresolved complaints or pending disciplinary actions against you?   | Yes / No  |  |  |  |
| Have you ever been made bankrupt, entered into a composition with creditors, or been disqualified as a director?   | Yes / No  |  |  |  |

| If you answered yes to any of the above questions, please provide further details below:  |  |   |  |  |
|---|--|---|--|--|
|   |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   | Declaration  |   |  |  |
|   | nominated and authorise information will be suppli | ation about me on a confidential the information requested to be ed in confidence as evaluative |  |  |
| I have disclosed any illness or injury that I believe might affect my capability to undertake the duties involved in this role safely.  |  |   |  |  |
| I have disclosed any potential conflict of interest that may affect my ability to perform the duties requires of this role effectively. |  |   |  |  |
| I certify that the information given and that I have disclosed anyth application.   |  | me is true, complete and correct for the Ministry to consider my                                |  |  |
| I declare the above to be true:   | (Signature)  | <br>(Date)  |  |  |