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| Statutory Body you are applying for | | | | | Medicines Assessment Advisory Committee | | | | | | | | | | |
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| Title |  |  | | First name(s) | |  | | | | |  | Surname |  | | |
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| Home/postal address | | |  | | | | |  | Date of birth | | | |  | | |
|  | | |  | Gender | | | |  | | |
|  | Citizenship | | | |  | | |
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| Home phone | | |  | | | | | Please include a current CV with this application | | | | | | |
| Home facsimile | | |  | | | | |  | Date CV prepared | | | |  | | |
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| Business address | | |  | | | | |  | Which ethnic group do you belong to? *Mark the space or spaces that apply to you.*  New Zealand European  Mäori  Samoan  Cook Island Mäori  Tongan  Niuean  Chinese  Indian  other (such as Dutch, Japanese, Tokelauan). Please state | | | | | | |
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| Business facsimile | | |  | | | | |  |
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| Mobile phone | | |  | | | | |
| if Mäori please state your iwi and/or iwi affiliations | | | | | | |
| Email: | | |  | | | | |  | | | | | | |
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| Summary of Career Experience – (Include a summary of your relevant career experience, specialist skills, areas of expertise including publications, projects, industry and sector experience) | | | | | | | | | | | | | | | |
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| Educational Qualifications | | | | | | | | | | | | | | | |
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| Professional Memberships – Memberships held of professional, industry or sector associations | | | | |
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| Government Board Appointments Held (current and previous) | | | | |
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| Private and/or Voluntary Organisation Service/Board Appointments Held (current and previous) | | | | |
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| Candidates should divulge anything in their personal histories that should be brought to the attention of the Minister of Health. In particular they should divulge details of any criminal convictions or complaints upheld, or being investigated, by the Health and Disability Commissioner or any other relevant professional investigating body (please state nil if otherwise) | | | | |
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| Referees | | | | |
| Name | Address | | | Phone |
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| Conflicts 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 statutory body you are applying for (please state nil if otherwise) | | | | |
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| Privacy Statement | | | | |
| The information provided in this form will be used to determine the applicant’s suitability for consideration for appointment to a statutory body. If you wish, the information you have provided will be kept electronically for consideration in respect of future vacancies on statutory bodies.  The agency that will collect and hold the information is:  Ministry of Health  133 Molesworth Street  PO Box 5013  WELLINGTON  You have the right of access to, and correction of, information about you that is stored on a database.  Please delete one:  **I wish / do not wish** to have the information provided on this form retained in a database for consideration in respect of future vacancies on statutory bodies.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| Authority And Declaration | | | | |
| I authorise the named referees and any registration authority holding information relevant to the consideration for my appointment to a statutory body to disclose that information to the Ministry of Health.  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 will render this application invalid and may result in the revocation of any appointment made in reliance of such information.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |