**Appointments Declaration/Consent Form**

The Ministry of Health assists the Minister of Health with appointments to health and disability committees, other groups and to committees/groups it has itself established. The Ministry also assists the Minister to make appointments to Crown entities.

As part of the appointment process, the Ministry asks candidates to provide certain information and to make declarations. This helps to ensure that good practice appointment processes are met, and when necessary, that legislative requirements of the Crown Entities Act 2004 (CE Act) are complied with.

Information obtained through this process is held and used in accordance with the Privacy Act 2020 and the attached Privacy Policy. If you have any questions you can contact the Appointments Team: appointments@health.govt.nz

**Please email this completed form along with your CV to** **MARC@health.govt.nz****.**

This form is in five sections:

|  |  |
| --- | --- |
| **Section One** | Personal / Professional Information |
| **Section Two** | Qualifications for Membership |
| **Section Three** | Disclosure of Interests |
| **Section Four** | Other Matters and Referees |
| **Section Five** | Consent / Declaration |

Please carefully read and complete **all sections** and attach to your application.

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| **Note:** Background checks aim to detect and prevent fraud and ensure the integrity of appointments to public sector boards. These checks will be conducted for shortlisted candidates, however, if you have completed these for any other board appointments in the past six months, you may share the findings with the Ministry of Health. |

## Section 1: Personal / Professional Information

|  |  |
| --- | --- |
| **Title** |  |
| **First name/s** |  |
| **Preferred name** |  |
| **Family name** |  |
| **Date of Birth** |  |
| **Preferred pronouns** | ☐ She/Her ☐ He/Him ☐ They/Them☐ Other pronouns – please state:☐ Prefer not to say |
| **Gender**  | [ ]  Female [ ]  Male [ ]  Another gender – please state:[ ]  Prefer not to say |
| **Email address** |  |
| **Phone number** |  |
| **Address** |  |
| **Which ethnic group(s) do you belong to?** | Choose an item.If other, please state: |
| **Iwi (if applicable)** |  |
| **Current profession** |  |
| **List all committees/groups you are applying for** | Medicines Adverse Reactions Committee  |
| **Which position are you applying for?**  | Medicines Adverse Reactions Committee – Pharmacist (community based)  |

|  |  |  |
| --- | --- | --- |
| **Current employer/s**(Please state your role, employer, and date appointed) | **Role and Employer** | **Date Appointed** |
|  |  |
| **Appointments held**(Board or committee memberships, directorships or trusteeships.)Please state your role, the entity, and date appointed) | **Government Appointments** | **Date Appointed** |
|  |  |
| **Directorships and Private/Voluntary Sector Appointments** | **Date Appointed**  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualifications**(Please state the certificate, discipline, institution and year) | **Qualification** | **Institution** | **Date** |
|  |  |  |

**Section 2: Qualifications for Membership**

The CE Act contains grounds that disqualify certain persons from membership. These grounds, contained in [section 30](https://www.legislation.govt.nz/act/public/2004/0115/latest/DLM329956.html) of the CE Act, are reflected in the following questions. If you are unsure how to answer, or require further clarification of any of the grounds, please contact the Appointments Team:

|  |  |
| --- | --- |
|  | **Yes/No** |
| Are you an undischarged bankrupt? The Insolvency Act 1967 sets out bankruptcy and discharge procedures |  |
| Are you prohibited from being a director or promoter of, or being concerned or taking part in the management of, an incorporated or unincorporated body under the Companies Act 1993, or the Securities Act 1978, or the Securities Markets Act 1988, or the Takeovers Act 1993? |  |
| Are you subject to a property order under the Protection of Personal and Property Rights (PPPR) Act 1988? |  |
| Are you someone in respect of whom a personal order has been made under the PPPR Act that reflects adversely on your competence to manage your own affairs in relation to your property, or your capacity to make or to communicate decisions relating to any particular aspect or aspects of your personal care and welfare?  |  |
| Have you been convicted of an offence punishable by imprisonment for a term of 2 years or more (or been sentenced to imprisonment for any other offence), and have not obtained a pardon, served the sentence, or otherwise suffered the penalty imposed? |  |
| Are you a member of Parliament?  |  |
| Are you disqualified under another Act? |  |

If your answers to all of the above questions are **‘No’**, then you are not disqualified from being a member of a statutory entity. If you answered **‘Yes’** to any of the above questions, or if you have reason to believe that any of the criteria might affect you in the foreseeable future, please provide details below.

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| I wish to provide further information as follows: |

## Section 3: Disclosure of Interests

Before a candidate can be appointed, they must disclose the nature and extent (including monetary value, if quantifiable) of all interests that they have at that time, or are likely to have, in matters relating to the committee/group/board. The following information will help ascertain whether you are interested in a matter relating to the committee/group/board that you wish to be appointed to.

A matter relating to a committee/group/board means:

1. a committee/group/board’s performance of its functions or exercise of its powers; or
2. an arrangement, agreement, or contract made or entered into, or proposed to be entered into, by the committee/group/board.

You are *interested* in a matter relating to a committee/group/board if you:

1. may derive a financial benefit from the matter; or
2. are the spouse, civil union partner, de facto partner, child, or parent of a person who may derive a financial benefit from the matter; or
3. may have a financial interest in a person to whom the matter relates; or
4. are a partner, director, officer, board member, or trustee of a person who may have a financial interest in a person to whom the matter relates; or
5. are otherwise directly or indirectly interested in the matter.

You are not interested in a matter related to the committee/group/board:

1. only because you are a member or an officer of a subcommittee of the committee/group/board; or
2. because you receive an indemnity, insurance cover, remuneration, or other benefits authorised under legislation or the committee/group/board’s terms of reference; or
3. if your interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence you in carrying out your responsibilities under the committee/group/board’s terms of reference; or

d) only because you have past or current involvement in the relevant sector, industry, or practice; or

e) if the committee/group/board’s terms of reference provides that you are not interested, despite the above indicating that you are.

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| Having read the above, I make the following disclosure as to the nature and extent (including monetary value, if quantifiable) of all interests that I have at this time, or are likely to have, in matters relating to the committee/group/board (if none, please write **‘Nil’**): |
|  |

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| I intend to manage any conflicts of interest that arise out of these declared interests in the following manner (mandatory, if any interests are listed above): |
|  |

## Section 4: Other Matters and Referees

Please list any matters which the Minister should be aware of in considering your suitability for appointment (e.g. anything which could be seen as influencing your judgement, or which might cast doubt on your ability to act with honesty and integrity, such as previous convictions, bankruptcy, etc.).

|  |
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| I would like the Minister to be aware of the following other matters:(if none, please write **‘Nil’**) |
|  |

If this will be your first appointment to this committee/group/board, please provide the names and contact details of two referees who will be able to discuss your suitability for appointment.

|  |
| --- |
| **Referee One** |
| Name |  |
| Occupation |  |
| Home phone |  |
| Mobile phone |  |
| Work phone |  |
| Email |  |

|  |
| --- |
| **Referee Two** |
| Name |  |
| Occupation |  |
| Home phone |  |
| Mobile phone |  |
| Work phone |  |
| Email |  |

## Section 5: Consent / Declaration

|  |  |
| --- | --- |
| I acknowledge that providing false information will likely result in my removal from office if I am appointed, as would a failure to include information pertinent to the consideration of my suitability for appointment. | **Yes/No** |
| If my application is successful, I consent to the information contained in the provided cover letter, curriculum vitae (CV) and declaration form being retained by the Ministry in accordance with the Privacy Policy attached to this form. I note that this information will be used for statutory appointment purposes only and destroyed after a period of 10 years, or after the end of my term of appointment/reappointment, whichever is longer. | **Yes/No** |
| If my application is unsuccessful, I consent to the information contained in the provided cover letter, curriculum vitae (CV) and declaration form being retained by the Ministry in accordance with the Privacy Policy attached to this form. I note that this information will be used for statutory appointment purposes only and destroyed after a period of 10 years. | **Yes/No** |
| I acknowledge that the information contained in this form, my CV and cover letter may be provided to the Minister of Health and/or Associate Ministers of Health (and their offices) and other individuals involved in the assessment of candidates for this statutory role, and note that all information I provide will be treated in accordance with the attached Privacy Policy | **Yes/No** |

**Please sign and date the consent/declaration:**

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| In relation to my potential appointment to the committee/group/board:* I consent to being a member of the committee/group/board, should the Minister wish to appoint me.
* I have declared all of the interests that I currently have, or am likely to have, in matters relating to the committee/group/board, in Section 2 of this form (if applicable).
* I have declared any other matters that the Minister should be aware of in considering me for appointment, in Section 3 of this form.
* I declare that the information provided in this form is true and complete to the best of my belief.
 |
| **Name / Signature ore-signature:** |  | **Date:** |  |

**Please email this completed form along with your CV to** **MARC@health.govt.nz****.**

**Please retain a copy of this completed declaration form for your records.**

**Privacy Policy**

1. The Ministry of Health uses the information collected on this form to ensure that good practice appointment processes are met, including advising the Minister of Health on the appointment of members to committees/groups/boards.

**Storage and security of personal information**

1. The Ministry of Health, and the Office of the Minister of Health and/or the Offices of Associate Ministers of Health (the agencies), will ensure that:

(a) the personal information the agencies hold on you shall be protected by such security safeguards as it is reasonable in the circumstances to take, against:

(i) loss

* 1. access, use, modification or disclosure, except with the authority of the agencies
	2. other misuse
1. if it is necessary for the information to be given to a person in connection with the provision of a service to the agencies, everything reasonably within the power of the agencies is done to prevent unauthorised use or unauthorised disclosure of the information
2. if the agencies are required by law to disclose any personal information about you, the agencies will do everything reasonably within their power to consult you before making such disclosure.[[1]](#footnote-2)

**Access to personal information**

1. Where the agencies hold personal information in such a way that it can readily be retrieved, you are entitled:
	1. to obtain from the agency in question confirmation of whether or not the agency holds such personal information

(b) to have access to that information.

1. Where, in accordance with the above clause, you are given access to personal information, you will be advised that you may request the correction of that information.
2. The agencies will not hold your personal information longer than is required for the purposes for which the information may lawfully be used.

**Contact**

For questions regarding this privacy policy, please contact the Appointments Team:

appointments@health.govt.nz

1. **Retention / destruction of information**
2. If you do not consent to the Ministry of Health retaining your declaration form, we will safely destroy it:
* within 1 week if you are not appointed
* as soon as the term of your appointment ends if you are appointed.
1. For example, pursuant to a request made under the Official Information Act 1982. [↑](#footnote-ref-2)