**Health NZ Regional Consumer Council – Northern Expression of Interest (Pacific)**

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| Please complete this form to express your interest in becoming a member of the Health NZ Northern Regional Consumer Council (RCC, the Council). You may also attach supporting documents, such as a cover letter and resume.  As the Northen RCC is already established, this recruitment specifically seeks to appoint a member with lived experience of Pacific culture(s) to further enhance the diversity of perspectives within the Council.  The RCC meets on the second Monday of each month from 2:30 to 4:30 pm, and members are expected to be available during this time.  Please refer to the Expert Groups section on the tewhatuora.govt.nz website for more information about the desired skills and attributes.  Applications close at 11:55pm on 20 March 2025. Submitted applications will be forwarded to a selection panel for consideration, and a short-list of applicants will be interviewed. | | | | | | |
| **Expressions of Interest: Accepted on or before 11:55pm 20 March 2025.** | | | | | | |
| Send by e-mail to: [northern.rcc@tewhatuora.govt.nz](mailto:northern.rcc@tewhatuora.govt.nz) | | | | | | |
| **Personal Details** | | | | | | |
| Full Name: |  | | Residential Address: | |  | |
| Email: |  | |
| Contact Numbers:  Home:  Work:  Cell Phone: |  | |
| **Organisation Details (If nominated by an organization)** | | | | | | |
| Organisation Name: | |  | | Email: | |  |
| Nominator Name: | |  | | Contact Numbers: | |  |
| Nominator Role: | |  | |
| Describe why you believe the nominee will be a suitable member for the Regional Consumer Council – Northern | | | | | | |

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| **Profile** |
| Why are you interested in being on the Regional Consumer Council – Northern? |
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| What consumer experience would you bring to the Regional Consumer Council – Northern? |
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| **Personal Statement** |
| Background |
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| Community involvement |
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| Attributes, skills or experience to support the Council’s work to meet the needs of Māori, Pacific peoples, the disabled and/or the rainbow community: |
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| Other relevant work history: |
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| Have you ever been convicted of a criminal offence? No: Yes:  Note: All successful candidates will be required to undergo New Zealand Police clearance.  This clearance is subject to the Criminal Records (Clean Slate) Act 2004 and may be subject to the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004. For more information on the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004 please visit [www.legislation.govt.nz](http://www.legislation.govt.nz). |

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I (full name ) declare that to the best of my knowledge the answers provided in this expression of interest and any other information provided to Health New Zealand | Te Whatu Ora (Health NZ) in support of my nomination is correct and I understand that if any false or deliberate misleading information is given, or any material suppressed, I will not be accepted.

□ Please indicate if you are interested in receiving information from Health NZ about other consumer groups or activities such as consumer workshops or patient experience interviews in future.

Nominee Signature: Date: