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| **Application for appointment to the National Mortality Review Committee (NMRC)** |

Please complete all sections of this form. It must be signed and dated.

Attach a brief CV detailing your education and training, full employment history, specific skills and abilities and any other details that you feel will be useful to support your application.

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| **Last name** |       | **First name(s)** |       |
| **Previous/or other names you are known as** (eg, maiden name) |       |
| **Postal address** |       | **Phone no.** (day) |       |
| **Phone no.** (evenings) |       |
| **Cell phone** |       |
| **Email** |       |

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| --- | --- | --- | --- | --- |
| **1. Are you a New Zealand or Australian citizen?** | Yes | [ ]  | No | [ ]  |
| **If you are not a New Zealand or Australian citizen:**Do you have permanent residency in New Zealand; orDo you have a permit and/or visa to work in New Zealand? | YesYes | [ ] [ ]  | NoNo | [ ] [ ]  |
| **Expiry date of your permit/visa:** |       | / |       | / |       |  |  |
| You will be required to provide evidence of your citizenship, permanent residence or permit/visa if your application proceeds. This will usually be your passport, or a New Zealand birth certificate or citizenship certificate and some form of photo identification such as a New Zealand driver’s licence. |  |  |  |  |
| **2. Are you physically located in New Zealand?** | Yes | [ ]  | No | [ ]  |
| If No, please indicate your arrival date: |       | / |       | / |       |  |
|  |  |  |  |  |
| **3. Have you been convicted of any offence against the law within the last seven years or do you have any criminal charges pending (apart from minor speeding or parking offences)?** (Note: a false declaration about prior convictions or pending prosecutions will invalidate your application.)  Please note that you may be required to agree to a Ministry of Justice check.If Yes, please give details: | Yes | [ ]  | No | [ ]  |
|  |       |  |
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| **4. Please list all external interests including financial relating to the work of the National Mortality Review Committee.**  (Provide information on a separate sheet or in your cover letter if necessary.) | Yes | [ ]  | No | [ ]  |
|  |  |  |

Please provide the names, contact addresses and telephone numbers of anyone you would be happy for the Health Quality & Safety Commission to contact about your suitability to be a member of the National Mortality Review Committee. We require at least two referees.

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| --- | --- |
| **Name** | **Contact number** |
| 1 |       |       |
| 2 |       |       |
| 3 |       |       |

## Authority and declaration

I hereby authorise the Health Quality & Safety Commission to collect such personal information about me from the named referees as is necessary to assess my suitability for appointment to the National Mortality Review Committee and I authorise the Health Quality & Safety Commission to disclose such personal information as is necessary for the same purpose. I also authorise the named referees holding such information about me to disclose that information to the Health Quality & Safety Commission for the same purpose.

I certify that the information provided is correct and no information has been omitted.

By typing your name below, you are ‘electronically signing’ this form. A copy of your email and form will be kept for our records.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed (enter your name)** |       | **Date** |       |

**Cover letter (required)**

**Choose file**

**CV (required)**

**Submit**