

Mana Whenua Representative – Independent Māori Statutory Board

Nomination / Consent Form

Post or email to: Executive Support, Selection Body, PO Box 1585, Shortland Street, Auckland 1140
angela.stones@ahmlaw.nz

Full name of candidate:

Full residential address of candidate:

Mana Whenua affiliations of candidate:

Eligibility and Consent

The legislation sets out strict minimum criteria for members of the IMSB. These are set out below with a check box for each. Candidates must be able to confirm each and every statement in the Eligibility and Consent section in order to be eligible for appointment.

I

[full name]

am eligible for, and consent to, appointment to the position of Member, Independent Māori Statutory Board for the term 1 November 2022 to 31 October 2025, and confirm I am eligible in terms of Schedule 2, Clause 5 of the Local Government (Auckland Council) Act 2009 in that [tick the spaces where relevant]:

I am 18 years of age or over;

I am not an undischarged bankrupt;

I am not 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 Financial Markets Conduct Act 2013, or the Takeovers Act 1993;

I am not subject to a property order under the Protection of Personal and Property Rights Act 1988;

I am not a person in respect of whom a personal order has been made under that Act that reflects adversely on the person's–

- i. competence to manage his or her own affairs in relation to his or her property; or
- ii. capacity to make or to communicate decisions relating to any particular aspect or aspects of his or her personal care and welfare;

I have not been convicted of an offence punishable by imprisonment for a term of 2 years or more, or have been sentenced to imprisonment for any other offence;

I am not a current Member of Parliament;

I am not a current Auckland councillor or local board member; and

I am not a person who is disqualified under another Act.

Signature of candidate:

Attachments

I attach:

A completed Request for Criminal Conviction History by a Third Party form (**mandatory**)

A completed Applicant Consent – Direct Orders form (**mandatory**)

CV, statement of attributes and/or other related documentation (**optional**)

Please continue overleaf

This completed form and mandatory attachments must be received no later than 5pm, Thursday 29 September 2022

Authority and Declaration

I hereby authorise the Selection Body, or any agent of the Selection Body, to make or cause to be made, whatever enquiries are considered appropriate to verify or add to the information provided by me, or concerning me, and authorise such enquiries to be made before an appointment to the Independent Māori Statutory Board.

I hereby authorise and request all Courts, Police, relevant Mana Whenua groups and all Government agencies to whom the authority may be presented to allow the Selection Body, or agent of the Selection Body, to inspect and obtain copies of any or all documents and records relating to me (either solely or jointly with any other person) and to provide that representative with all information relating to me which may be requested in the course of the enquiries described above, for the purpose of determining my suitability to be appointed to the Independent Māori Statutory Board.

I understand the information received by the Selection Body is supplied in confidence as evaluative material and will not be disclosed to me.

Signature:

Date:

Important note: The inclusion of your name in the 'signature' area above will be deemed to confirm the above authorisation and declaration.

Privacy Statement

The information provided in this form and any other material provided to the Selection Body will be used only to determine the nominee's suitability for consideration for appointment to the Independent Māori Statutory Board.

For office use only

Received at time on the day of 2022

Signature of executive support:

Request for a **criminal conviction history by a third party**

You are asking for another person's criminal conviction history. The person (applicant) must fill in pages 2-3 of this form themselves and sign and date the declaration statement. This tells us we can give their criminal conviction history to you. You, as the third party, are responsible for ensuring the information provided on this form is complete and readable, and the identification has been verified.

TIMG New Zealand Ltd (33 Botha Rd, Penrose) will collect this request information on behalf of the Ministry of Justice and provide it to us for the purpose of this request.



This form may be filled in by typing the information in the fields of the PDF or by printing the form and handwriting the information.

Step 1 **Third party to complete this section**

Third party details

Customer ID:

Third party name:

Your reference

**Please do not fill in Step 1 – executive support use only.
Proceed to the next section.**

Report details

If you are handwriting this form please mark the selection boxes in.

Type of report: *(please choose one)* All convictions Traffic

Service required: *(please choose one)* Gold – 3 working days

Silver – 10 working days

Bronze – 15 working days

Evidence of Identity

(please mark to confirm) I confirm I have seen the individual's identification document as listed in Step 3 and I am satisfied with the correctness of the individual's identity.

Third party signature

Date signed



OFFICE USE ONLY
MOJ REQUEST NUMBER

Step 2 **Your details** (please print)



Important: make sure the name and date of birth you write in here matches your identification in Step 3

Your Personal Details

Surname:

First name:

Middle names (separated by commas):

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Male

Female

Place of birth:

NZ Driver Licence number:

Contact number:

Email:

Previous names – Maiden names, other names you are known as, or have used

Surname

First name

Middle names (separated by commas)

Your Postal Address

PO Box or

Street address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Please list any other New Zealand addresses you have lived at in the last 10 years

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Step 3 Your identification



Please attach a legible photocopy of your Identification which must contain your signature. This can be any one of the following:

New Zealand Driver Licence – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.

New Zealand Passport – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.

Overseas Passports – must be current and cannot be expired, cancelled or defaced. Must show your signature.

New Zealand Firearms Licence – must be current and cannot be expired or defaced.

Your RealMe verified identity

If you do not have any of these forms of identification, you will need to complete Step 5.

Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

I want a copy of the information provided to the third party. Please send via Email Post

I do NOT require a copy of the report

Your signature:

X

Date:

D D

M M

Y Y Y Y

Step 5 Proof of identity

Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to www.justice.govt.nz/services/criminal-records

The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.

Identifier to complete

Identifier's
surname:

Identifier's
first name:

Identifier's middle names (*separated by commas*):

PO Box or
Street address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Telephone:

Mobile:

Email:

I declare that I have personally known

Surname:

First name:

Middle names (*separated by commas*):

For _____ years and vouch for their identity.

Signature of the identifier:

✗

STEP 1: Applicant to Complete

[Go to Step 2](#)

Your Personal Details

Full Legal Name:
(as it appears on ID)

First Name	Middle Name(s)
<input type="text"/>	<input type="text"/>

Surname / Family Name

Date of Birth:

Day	Month	Year	Gender: Male / Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Other Names

If more room is required, list your other names on a separate sheet, sign and send the sheet with this form. Additional sheet included? Yes No

Full Name:

First Name	Middle Name(s)
<input type="text"/>	<input type="text"/>

Surname / Family Name	Reason for Other Name (Maiden / Alias / Other)
<input type="text"/>	<input type="text"/>

Full Name:

First Name	Middle Name(s)
<input type="text"/>	<input type="text"/>

Surname / Family Name	Reason for Other Name (Maiden / Alias / Other)
<input type="text"/>	<input type="text"/>

Full Name:

First Name	Middle Name(s)
<input type="text"/>	<input type="text"/>

Surname / Family Name	Reason for Other Name (Maiden / Alias / Other)
<input type="text"/>	<input type="text"/>

Your Contact Details

Current Residential Address: Unit Number / Street Number / Street Name
(not a PO box address)

Suburb / Town	State / Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Period of Residence (From)
<input type="text"/>	<input type="text"/>

Phone:
(including country / area codes)

Home	Work	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email:

Pursuant to this Applicant Consent, I:

- confirm that I have completed this form and my personal information is complete and correct;
- appoint CV Check (NZ) Ltd (CVCheck) as my agent for the purposes of providing to, and obtaining from, any third party supplier any information that is necessary in order to perform a check I have requested;
- consent to CVCheck checking and verifying that the information I have provided to CVCheck or its client and that my information located from other sources is correct.
- consent to CVCheck holding my personal information including but not limited to details of my qualifications; professional and other memberships; employment, rental and other accommodation history; employment, tenancy, dating and personal references; litigation; bankruptcies; business interests; criminal history; investigations by financial regulatory bodies; work entitlement; workers compensation claims; traffic records; listings on national and international sanctions, money laundering, terrorist financing, internationally wanted criminal or politically exposed persons lists; dating information and any media reports worldwide. All personal information will be held in accordance with CVCheck's Privacy Policy (<https://cvcheck.com/privacy-policy>);
- consent to CVCheck searching, locating and sourcing the information relating to me from other sources in its absolute discretion.
- consent to CVCheck's related companies, contractors and CVCheck's overseas agencies accessing my personal information and CVCheck Report containing my personal information when necessary.
- consent to CVCheck retaining and storing my CVCheck Report containing my personal information.
- acknowledge that if my personal information that is being checked and verified relates to a country other than New Zealand, then the relevant entity and/or CVCheck agent dealing with my personal information may not be subject to New Zealand Legislation.
- agree that while all reasonable care is taken, CVCheck does not warrant nor accept responsibility for the accuracy of the information provided to it by third parties. I agree to indemnify, release, discharge and hold harmless CVCheck, its directors, employees, officers, contractors and overseas agencies from and against any and all losses, liabilities, damages, costs and expenses suffered or incurred including but not limited to in relation to causes of action I may have in defamation, breach of privacy, negligence and breach of contract against CVCheck, its directors, employees, officers, contractors and overseas agencies.
- agree that in consideration of CVCheck's suppliers releasing information, under this Applicant Consent, I (the Applicant) hereby indemnify them, their servants and agents against all actions, suits, proceedings, causes of action, costs, claims and demands whatsoever which may be brought or made against it or them by any body or person by reason of or arising out of the release of any information purporting to either relate to or concern me.

My Instructions to CVCheck:

- Please take a copy of my CVCheck Report, store it on CVCheck's secure sharing platform and provide me with access to the report via a secure CVCheck Account.
- Please also provide the following organisation with access to my copy of the CVCheck Report via a secure internal CVCheck share
- I give my consent for the below named organisation to access my results and share these results with third parties where required for the purposes of my employment:

Auckland Council

STEP 2: Applicant to Check and Sign

➤ Go to Step 3

To be completed by the Applicant

- I declare and warrant that I am the person referred to in Step 1 of this Applicant Consent and all the personal details, including but not limited to my date of birth and previous or alternate names in the identification documents provided are my personal details, are no one else's personal details and are true and correct.
- I agree to the terms and conditions set out in this Applicant Consent.



Applicant's Signature	Applicant's Printed Name	Date (Day/Month/Year)

STEP 3: Scan and Upload Completed Form to CVCheck

CVCheck's corporate client user: Scan Pages 1 to 2 of this completed Applicant Consent (Direct Orders) and upload to the relevant order.