**ON BOARD NOM**

 **Department of Conservation**

 **Ministry for Primary Industries**

 **(“the a*gencies*”)**

 **KAIKŌURA MARINE GUARDIANS**

 **NOMINATION FORM**

**Nominations close at 5pm on Friday, 16 February 2024**

 **(Please complete *ALL* sections. Please do *NOT* provide a CV)**

# NOMINEE DETAILS

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| **Title** |  |
| **Name** |  |
| **Full Street Address**(and postal address if different) |  |
|  |
|  |
| **Email address** |  |
|  **Age range** | <30  | 31-40  | 41-50  | 51-60  | 60+  | prefer not to say |
| **Gender**  | M | F | Gender diverse | Prefer not to say |  |  |
| **Contact number** |  |
| **Ethnicity** (inc. iwi affiliation/s if applicable) |  |

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| **Relationship / affiliation to the Kaikōura region** (please provide a brief description of your relationship with the region, particularly the marine environment) |
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| **Relevant skills and attributes the nominee will bring to the position of a Committee Member on the Kaikōura Marine Guardians** (interests andareas of expertise must include one or some of the following: biosecurity, conservation, education, environment, fishing, marine science, and tourism**)** |
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| **Current or most recent employment (**please specify position and employer**)** |
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| **List any Government (ie, Ministerial) appointments** (current and previous, include dates by year) |
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| **List any appointments held on private and/or voluntary sector boards** (eg, company, school and health boards, national/regional NGO, council positions etc; current and previous, include dates by year) |
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| **Are there any possible conflicts of interest that could arise if the nominee is appointed to the Kaikōura Marine Guardians?** |
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| **Is there any other information you wish to provide to support your nomination?** |
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# NOMINATOR TO COMPLETE (if applicable)

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| --- | --- |
| **Full name of individual** |  |
| **Organisation** |  |
| **Postal address** |  |
|  |
| **Date** |  |
| **Signature of nominator** |  |

**NOMINEE TO COMPLETE**

|  |  |  |
| --- | --- | --- |
| Do you authorise the information provided on this form to be seen by those involved in the nomination / selection process? | **Yes** | **No** |
| Do you authorise the agencies to keep this form on a confidential file after the nomination / selection process? | **Yes** | **No** |
| Do you agree to the information provided on this form and any accompanying information (in support of this nomination) being released to any person who requests it under the Official Information Act and/or Privacy Act? | **Yes** | **No** |
| I understand that, as part of the appointment process, the agencies have a procedure for conducting appropriate background checks and due diligence. I authorise agencies to use and disclose the information I have provided for this purpose. | **Yes** | **No** |
| I understand that if I have given incorrect or misleading information, or have omitted any pertinent information in my nomination, I may be disqualified from appointment or, if appointed, liable to be dismissed. | **Yes** | **No** |

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| **Your nomination will be subject to a due diligence process. A reference may be requested.** |
| **Date** |  |
| **Signature of nominee** |  |

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| **Once completed, please email this form in Word format to:** nominations@doc.govt.nz (include ‘KMG Nomination Process’ in subject line).Please note that the closing date for nominations is **5pm on Friday, 16 February 2024****Or post the completed form to:**Minister of Conservation, c/- Department of Conservation Attention: Rick McGovern-WilsonPO Box 10-420Wellington 6143You should hear the outcome of your nomination in late June 2024. |

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