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Listening, learning, changing
Mā Whakarongo me Ako ka huri te tai
Crown Response to the Abuse in Care Inquiry

Redress Design and Advisory Groups – Nomination Form

Please complete this form as fully as you can and submit it by **5pm Tuesday 13 December** to: contact@abuseinquiryresponse.govt.nz

Tangata Whaikaha, Deaf and Disabled People and whānau whaikaha are actively encouraged to apply and highlight the lived experience and expertise they will bring to this mahi and kaupapa. Flexible working opportunities will be available and reasonable accommodations will be provided as needed.

If you would like to provide your information in a different way, or if you have any questions, please contact the Crown Response Unit at contact@abuseinquiryresponse.govt.nz

Privacy statement

The information you provide will be used to assess your suitability for appointment to the specified role. Your information will be collected and held by the Crown Response Unit and reviewed by an independent panel, which will make appointment recommendations. It will only be shared if permitted or required by law, and you will be notified if this happens. You have the right to ask for a copy of any personal information about you, and to ask for it to be corrected if you think it is wrong, by contacting contact@abuseinquiryresponse.govt.nz

Which group do you want to be on?	
Design Group	
Advisory Group ((Please specify which survivor community(s) you come from e.g., faith, state, Māori, Pacific, Deaf and Disabled People, rangatahi, LGBTQIA+ group/s)	

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Your information

To be completed by everyone submitting this form, whether self-nominating or nominating another person

Section 1: Who is making this nomination?

Note: you can nominate yourself or another person.

Personal details about who is making this nomination						
Surname						
First name						
Middle name(s)						
What is the best way to get in touch with you e.g., phone, email						
Daytime telephone number						
Email address						
Gender and pronouns	Eg, Male, female, intersex, non-binary, gender diverse, takatāpui, trans, something not listed or prefer not to say					
Ethnicities						
Iwi affiliation						
Age (Please tick the relevant box)	<30 years	31-40 years	41-50 years	51-60 years	60+ years	Prefer not to say
I am nominating:	<input type="checkbox"/> Myself			<input type="checkbox"/> Someone else		

Section 2: Nominee information

Note: The nominated person must fill in this section.

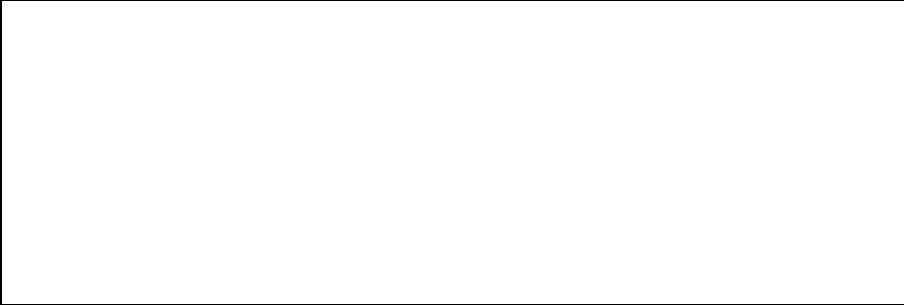
Personal details about the person being nominated	
Surname	
First name	
Middle name(s)	
What is the best way to get in touch with you e.g., phone, email	

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Daytime telephone number						
Email address						
Age (Please tick the relevant box)	<30 years	31-40 years	41-50 years	51-60 years	60+ years	Prefer not to say
Ethnicities						
Iwi affiliation						
Survivor?	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
If yes, please specify which survivor community(s) you identify with:	<i>e.g., faith, state, Māori, Pacific, Deaf, disabled, rangatahi, LGBTQIA+ group/s</i>					

What is important about this work?
Why are you interested in this work? For example, are you a survivor or a survivor advocate?
Let us know your background and experience.

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Criteria

Individual appointees to the groups should have a mix of the following attributes:

- Personal experience as a survivor and/or experience representing or advocating for survivor communities, or
- Relevant specialist subject matter expertise (as described below)
- Ability to work collaboratively to deliver positive outcomes, including the ability to manage personal trauma
- A record of achievement that demonstrates a range of experience, skills, and competencies
- Strong understanding and commitment to Te Tiriti o Waitangi

Collectively, the Design Group and Advisory Group membership should have:

- Survivors from a range of backgrounds and contexts, including but not limited to Māori, Pacific, Deaf and Disabled People, rangatahi, and LGBTQI+ survivors, and survivors who have experienced faith-based care and State care
- A wide range of subject matter expertise, including public policy, wellbeing services, psychology, mātauranga Māori, disability issues, human rights, trauma and trauma informed and service design, development, and implementation
- Experience in grassroots community support and service organisations
- Experience of applying Te Tiriti in services, systems, and organisations
- Experience of working in trauma-informed ways

How do you meet the Design/Advisory Group criteria and what strengths do you bring to the group?

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Other supporting information

What relevant group/s are you a member or a representative of?			
Organisation/Iwi/Hapū/ Network etc	Position	Start date	Current?

Any other community links or networks you want us to know about?

Possible conflicts of interest
Do you have any potential conflicts of interest that may impact the ability to be a group member?

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Referees

Please provide the names of up to three other referees whose consent has been obtained and who may be contacted for a confidential reference about the nominee.

Referee Name	
Organisation/group if relevant	
Relationship to the nominee	
Preferred method of communication	
Phone number	
Email address	

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Criminal record

Anyone shortlisted for a group will be police vetted.

We know from Royal Commission evidence that a number of survivors have previous criminal convictions. In most cases this will not exclude you or your nominee from being considered for appointment. Any previous convictions that meet the criteria of the Criminal Records (Clean Slate) Act 2004 do not need to be disclosed. For information on the Act, see <https://www.justice.govt.nz/criminal-records/clean-slate/>.

Commented [SM1]: On the nom form - do we need this criminal convictions stuff at the bottom if we are getting the police check form?

Nominee declaration:

I, _____

(full legal name)

confirm that the information I have given in this form is to the best of my knowledge, true and correct, and I agree to be nominated for the Design and/or Advisory Group.

I consent to the Crown Response Unit:

- verifying, at any time, the accuracy of the information I have provided in this form with myself or the nominee, knowing that with consent, we may make enquiries with government agencies and other relevant bodies to confirm background information
- discussing the details of my nomination (and all information provided) with the review panel assessing nominations and the appointing Minister/s.

Name _____

Signature _____

Date: _____