# Redress Design Group and Advisory Groups – Nomination Form

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

## [In Confidence]



Adapted in 2022 by Accessible Formats Service, Blind Low Vision NZ,
Auckland

Total print pages: 6
Total large print pages: 11

## Notes for the Large Print Reader

Print page numbers are indicated as:

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Main text is in Arial typeface, 18 point.

Headings are indicated as:

# Heading 1

## Heading 2

### Heading 3

Page 1

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Please complete this form as fully as you can and submit it by 5pm on Tuesday 13 December 2022 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?

Note: you can nominate yourself or another person for more than one group.

• 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

## Nominee information – nominated person to 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

• Daytime phone number

• Email address

• Gender and pronouns (Male, female, intersex, non-binary, gender diverse, takātapui, trans, something not listed or prefer not to say)

• Age

• Ethnicities

• Iwi affiliation

### Personal details about yourself if you are not the nominee

• 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

### Tell us about yourself or your nominee

• What is important about this work?

• Why are you or they interested in this work?

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• For example, are you a survivor or a survivor advocate? Let us know your background and experience.

## 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 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,

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

### What relevant group/s are you or they 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?

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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 you or your nominee?

• Name:

• Organisation/group if relevant:

• Relationship to you or the nominee:

• Preferred method of communication:

• Phone number:

• Email address:

• Name:

• Organisation/group if relevant:

• Relationship to you or the nominee:

• Preferred method of communication:

• Phone number:

• Email address:

• Name:

• Organisation/group if relevant:

• Relationship to you or the nominee:

• Preferred method of communication:

• Phone number:

• Email address:

### Possible conflicts of interest

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

### 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

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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/>

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.

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 panel assessing applications and the appointing Minister

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_