**DISCLOSURE / CONSENT / DECLARATION FOR APPOINTMENT**

Health New Zealand / Te Whatu Ora (Te Whatu Ora) will assist the , Te Whatu Ora with appointments to health and disability committees and other groups

As a part of the appointment process, Te Whatu Ora asks candidates to provide certain information and to make declarations. This helps ensure that good practice appointment processes are followed.

Information obtained through this process is held and used in accordance with the Privacy Act 1993 and the attached Privacy Policy.

This form is in four sections:

* Section 1: Personal / Professional Information
* Section 2: Disclosure of Interests
* Section 3: Other Matters and Referees
* Section 4: Consent / Declaration.

Please carefully read and complete allsections and send this form electronically to:

Julie.Palmer@health.govt.nz

If you have any questions you can contact the Appointments Team by email on:

Julie.Palmer@health.govt.nz

|  |
| --- |
| NB: Please retain a copy of this completed declaration form for your records. If you are appointed, you should provide a copy of your disclosure of interests (Section 2) to the committee/group secretariat, noting any updates to your interests that have arisen in the period between completing the disclosure and your appointment. The disclosure (amended, as necessary) will then be entered into the committee/group’s Declaration of Interests register. Going forward, any material change to the interests set out in the disclosure must also be disclosed to the committee/group, and entered into the register as soon as practicable after the change occurs. |

## Section 1: Personal / Professional Information

|  |  |
| --- | --- |
| **Title:** |  |
| **First name/s:** |  |
| **Preferred name:** |  |
| **Family name:** |  |
| **Gender:** |  |
| **Date of birth:** |  |
| **Citizenship:** |  |
| **Address:** |  |
| **Home phone:** |  |
| **Mobile phone:** |  |
| **Work phone:** |  |
| **Email:** |  |
| **Which ethnic group/s do you belong to?** | Choose an item.*If Other, or more than one group, please state -*  |
| **Iwi affiliation/s:**(if applicable) |  |

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| --- | --- |
|  |  |
| **Current profession:** |  |
| **Current employer/s:**(Please state your role, employer, and date appointed) |  |
| **Current appointments held:**(Board or committee memberships, directorships or trusteeships.Please state your role, the entity, and date appointed) | Including Government Appointments -  |
| Directorships and Private / Voluntary Sector Appointments -  |
| **Qualification/s:**(Please state the certificate, discipline, institution and year) |  |

**Section 2: Disclosure of Interests**

Before a candidate can be appointed, they must disclose the nature and extent (including monetary value, if quantifiable) of all interests they have at that time, or are likely to have, in matters relating to the committee/group. The following information will help ascertain whether you are interested in a matter relating to the committee/group to which you wish to be appointed. A *matter* relating to a committee/group means:

1. a committee/group’s performance of its functions or exercise of its powers
2. an arrangement, agreement, or contract made or entered into, or proposed to be entered into, by the committee/group.

You are *interested* in a matter relating to a committee/group if you:

1. may derive a financial benefit from the matter
2. are the spouse, civil union partner, de facto partner, child, or parent of a person who may derive a financial benefit from the matter
3. may have a financial interest in a person to whom the matter relates
4. are a partner, director, officer, board member, or trustee of a person who may have a financial interest in a person to whom the matter relates
5. are otherwise directly or indirectly interested in the matter.

You are not interested in a matter related to the committee/group:

1. only because you are a member or an officer of a subcommittee of the committee/group
2. because you receive an indemnity, insurance cover, remuneration, or other benefits authorised under legislation or the committee/group’s terms of reference
3. if your interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence you in carrying out your responsibilities under the committee/group’s terms of reference

d) only because you have past or current involvement in the relevant sector, industry, or practice

e) if the committee/group’s terms of reference provides that you are not interested, despite the above indicating that you are.

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| Having read the above, I make the following disclosure as to the nature and extent (including monetary value, if quantifiable) of all interests that I have at this time, or are likely to have, in matters relating to the committee/group:(if none, please write **‘Nil’**) |
|  |
| I intend to manage any conflicts of interest that arise out of these declared interests in the following manner:(mandatory, if any interests are listed above) |
|  |

## Section 3: Other Matters and Referees

Please list any matters of which the National Director, Commissioning, Te Whatu Ora should be aware in considering your suitability for appointment (eg, anything that could be seen as influencing your judgement, or that might cast doubt on your ability to act with honesty and integrity, such as previous convictions, bankruptcy, etc.).

|  |
| --- |
| I would like the National Director, Commissioning, Te Whatu Ora to be aware of the following other matters:(if none, please write **‘Nil’**) |
|  |

Please provide the names and contact details of two referees who will be able to discuss your suitability for appointment.

|  |  |
| --- | --- |
| ***First Referee*** | ***Second Referee*** |
| **Name:** |  | **Name:** |  |
| **Occupation:** |  | **Occupation:** |  |
| **Home phone:** |  | **Home phone:** |  |
| **Mobile phone:** |  | **Mobile phone:** |  |
| **Work phone:** |  | **Work phone:** |  |
| **Email:** |  | **Email:** |  |

## Section 4: Consent / Declaration

Please sign and date the consent/declaration[[1]](#footnote-1):

|  |
| --- |
| In relation to my potential appointment to the committee/group:* I consent to be a member of the committee/group, should the National Director, Commissioning, Te Whatu Ora wish to appoint me
* I have declared all of the interests that I currently have, or am likely to have, in matters relating to the committee/group, in Section 2 of this form
* I have declared any other matters that the National Director, Commissioning, Te Whatu Ora should be aware of in considering me for appointment, in Section 3 of this form
* I declare that the information provided in this form is true and complete to the best of my belief.
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| **Name / Signature:** |  | **Date:** |  |

I acknowledge that providing false information will likely result in my removal from office if I am appointed, as would a failure to include information pertinent to the consideration of my suitability for appointment.

**Declaration Form**

**Candidates for Committees, Boards, Advisory groups**

**Name:**

**Committee / Board / Advisory Group:** NationalDementia Mate Wareware Leadership and AdvisoryGroup

**Responsible Te Whatu Ora Manager:** Nicky Smith

To ensure Te Whatu Ora can act with integrity and transparency, all members / candidates for committees, boards or advisory groups are required to identify and declare any actual, potential or perceived conflicts of interest that may impact on their role.

**Declaration**

If you are aware of any actual, potential or perceived conflicts you must discuss this with the relevant Chairperson and / or responsible manager and complete a standard Te Whatu Ora Conflict of Interest Declaration in addition to this declaration.

Any breach of Te Whatu Ora’s Conflicts of Interest rules and guidelines will be a breach of your obligations to the Ministry.

|  |  |  |
| --- | --- | --- |
| 1 | I have read and understand the Te Whatu Ora’s Conflicts of Interest rules and guidelines and related material.  | **Yes/No** |
| 2 | I have no interests that would potentially impact on my obligations to the Te Whatu Ora’s in the role applied for.  | **Yes/No** |
| 3 | I will notify the manager of any actual, potential or perceived conflicts of interest that may arise, or that I become aware of, while I am a member of the committee, board or advisory group. | **Yes/No** |

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Member / Candidate (Signature) (Date)

(name)

Please carefully read and complete allsections and send this form electronically to:

Julie.Palmer@health.govt.nz

If you have any questions you can contact the Appointments Team by email on:

Julie.Palmer@health.govt.nz

**Privacy Policy**

1. Te Whatu Ora uses the information collected on this form to ensure that good practice appointment processes are followed, including advising the National Director, Commissioning, Te Whatu Ora on the appointment of members to committees/groups.

*Storage and security of personal information*

1. Te Whatu Ora will ensure that:

(a) the personal information Te Whatu Ora holds on you shall be protected by such security safeguards as it is reasonable in the circumstances to take, against:

(i) loss

* 1. access, use, modification or disclosure, except with the authority of the agencies
	2. other misuse
1. if it is necessary for the information to be given to a person in connection with the provision of a service to Te Whatu Ora, everything reasonably within the power of Te Whatu Ora is done to prevent unauthorised use or unauthorised disclosure of the information
2. if Te Whatu Ora is required by law to disclose any personal information about you, the Te Whatu Ora will do everything reasonably within its power to consult you before making such disclosure.[[2]](#footnote-2)

*Access to personal information*

1. Where Te Whatu Ora holds personal information in such a way that it can readily be retrieved, you are entitled:
	1. to obtain from the Te Whatu Ora confirmation of whether Te Whatu Ora holds such personal information

(b) to have access to that information.

1. Where, in accordance with the above clause, you are given access to personal information, you will be advised that you may request the correction of that information.
2. Te Whatu Ora will not hold your personal information longer than is required for the purposes for which the information may lawfully be used.

*Contact*

1. For questions regarding this privacy policy, please contact Julie Palmer, Programme Manager, Healthy Ageing Team, Te Whatu Ora, Julie.Palmer@health.govt.nz

*Retention / destruction of information*

1. Te Whatu Ora will not keep your information longer than is necessary. We will safely destroy this form within:
* one week if you are not appointed
* one month if you are appointed.
1. This is not a declaration under the Oaths and Declarations Act 1957. [↑](#footnote-ref-1)
2. For example, pursuant to a request made under the Official Information Act 1982. [↑](#footnote-ref-2)