### Expression of Interest (EOI) Form – Ethnic Communities Development Fund (ECDF) Panel

Please complete this EOI form as fully as you are able. If you have any questions or difficulties, please contact us at oecnominate@dia.govt.nz. Extra rows can be inserted in the boxes below as required.

Please note that the submission of an EOI will not necessarily result in an appointment to the ECDF Panel.

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| **Personal details** |
| **Title** |  | **Gender** |  |
| **First Name(s)** |  | **Mobile phone** |  |
| **Family Name** |  | **Home phone** |  |
| **Email** |  | **New Zealand citizen/permanent resident** (please cross out one) |
| **Age Group** | [ ]  < 30 years[ ]  31 - 40 years[ ]  41- 50 years[ ]  51- 60 years[ ]  61+ years | **Address** |  |

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| **Which ethnic group(s) do you identify with?** (and iwi affiliation if applicable) |
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| Why are you interested in joining the ECDF Panel? |
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| Please describe your understanding of the aspirations of, and challenges faced by, ethnic communities in Aotearoa New Zealand. |
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| Please describe your knowledge of current government priorities and initiatives in relation to ethnic communities in Aotearoa New Zealand. |
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| Please describe your understanding of community funding programmes in Aotearoa New Zealand. |
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| **Board or committee experience** (public, private, or the community & voluntary sector) |
| **Name of Board/Committee** | **Position**  | **Start date** | **Finish date** |
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| Other matters |
| **Have you ever been declared bankrupt, convicted of a criminal offence, or are you currently involved in any court proceedings?** If so, please provide further information. |
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### Declaration

I confirm that the information I have given in this EOI form is complete, true and correct.

I authorise the Department of Internal Affairs or the Office of Ethnic Communities to verify, at any time, the accuracy of the information I have provided in this form and my accompanying documentation.

In addition I authorise the Department of Internal Affairs on behalf of the Office of Ethnic Communities to:

* obtain a copy of any criminal records I may have, held by the Ministry of Justice; and
* carry out a credit check.

If I am appointed, I agree to promptly declare any actual or potential conflict of interest to the Office of Ethnic Communities, who will decide how the conflict can best be managed. I also agree to abide by any decisions about the management of that conflict. I acknowledge that, if a conflict cannot be managed, the Executive Director of the Office of Ethnic Communities may reconsider the suitability of my appointment to the ECDF Panel.

Full Legal Name:

Signature:

Date: