

Part of the Department of Internal Affairs

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.

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	Address		
	☐ 31 - 40 years			
	☐ 41- 50 years			
	☐ 51- 60 years			
	☐ 61+ years			
Which ethnic ខ្	group(s) do you identify with? (an	d iwi affiliation if applicab	le)	
Why are you interested in joining the ECDF Panel?				

Please describe your understanding of the aspirations of, and challenges faced by, ethnic communities in Aotearoa New Zealand.					
Please describe your knowledge of communities in Aotearoa New Ze		es and initiatives in rel	ation to ethnic		
Communicies in Acteurou New 2ct	alana.				
Please describe your understanding	ng of community funding prog	grammes in Aotearoa N	New Zealand.		
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.
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 an time, the accuracy of the information I have provided in this form and my accompanyin 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 abid 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: