### HUMAN RIGHTS REVIEW TRIBUNAL Deputy Chairperson

# **Expression of Interest in Appointment**

• Please personally complete this form and the statutory declaration.

- Please provide a full curriculum vitae with your application.
- Your application will be acknowledged by email.

Surname/Family Name				
First Name(s)				
Full Postal Address (the address to which mail should be sent)				
Contact Private Work				
Numbers Fax email				
(Do not supply any numbers that you do not wish to have used.)				
Are you a New Zealand citizen?   Yes   No     or   Or     Do you have resident status?   Yes   No				
The following information is gathered for statistical purposes. Completion of this section is voluntary.				
Male Female				
NZ Māori Iwi				
NZ European or Pākehā				
Pacific Island descent Island of Origin				
Other ethnic origin (please state)				
Date of birth				

# Referees

List below the names and contact details of at least three people who know you well and who can vouch for your character and the accuracy of your application.

Name	Address	Telephone number
Location		
Please indicate whi	ich location you are expressing inte	rest in appointment to.
Auckland	Wellington	Christchurch

## HUMAN RIGHTS REVIEW TRIBUNAL

### **Statutory Declaration**

Ι\_\_\_

(full name: first or given names and family or surname)

of

(full residential address)

occupation\_\_\_\_\_

solemnly and sincerely declare that:

- I have not been convicted of any criminal offences.
- I have not been the subject of any disciplinary action by any professional body in New Zealand or overseas, nor are there any unresolved complaints against me.
- I have not been made bankrupt, entered into a composition with my creditors, or been disqualified as a director.
- I am financially secure.
- I know of no other matter which might affect my suitability for appointment as Deputy Chairperson of the Human Rights Review Tribunal or which might affect my credibility while in office.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature \_\_\_\_\_

Declared at \_\_\_\_\_\_ this \_\_\_\_\_day of \_\_\_\_\_\_ 2018.

Signature of person authorised to take statutory declaration

Name of person authorised to take statutory declaration	
(Please print name or use a stamp)	

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Statements made in the Statutory Declaration must be truthful and complete. However, the fact that you have anything to declare will not necessarily preclude you from appointment.