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Nomination form

1. Nominations should be submitted using this form **and** the Cabinet Committee Curriculum Vitae CAB 50/01 form in writing, sent to the NZSL Office.
2. Nominations should be received by 5pm Friday 6 October, 2023.
3. The Office will acknowledge receipt of nominations.
4. Nominees will be informed about the Minister’s decisions.

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| --- | --- | --- | --- | --- |
| *Nominated by:* | | | | |
| *(name, and name of nominating organisation if applicable )* | | | | |
| *Nominee has been notifed of, and agrees to, nomination* | | *Yes/No* | | |
| ***Person being nominated*** | | | | |
| Name: | | | | |
| Email / phone: | | | | |
| Address: | | | | |
| *Role the nomination is for:* | *Board Member* | |  |  |
|  | *Board Chair* | |  |  |
| *Deaf or hearing?* | | | | |
| *Fluent in New Zealand Sign Language?* | | | | |
| *Ethnicity identified with?* | | | | |

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| ***Contact details of two people who can act as a referee:***  ***Contact One***  *Name:*  *Their relationship to nominee:*  *Contact details (telephone and email):*  ***Contact Two***  *Name:*  *Their relationship to nominee:*  *Contact details (telephone and email):* |

**Send the completed nomination forms:**

* Email as a Word document to, [nzsl@whaikaha.govt.nz](mailto:nzsl@whaikaha.govt.nz)