Personal Information

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| **Title:** |  |
| **First Name:** |  |
| **Last Name:** |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Physical Address:** | **Postal Address (if different):** |
| **Home phone:** |  | **Mobile phone:** |  |
| **Work phone:** |  | **Email:** |  |
| **Ethnicity:** | Māori | NZ European |
| Tongan | Niuean |
| Samoan | Chinese |
| Cook Island Māori | Indian |
| Other ethnicity, please state: |  |
| **If Māori, please list iwi:** |  |
| **Tell us why you would like to be a member of Te Ao Mārama: The Māori Disability Advisory Group.** |  |
| **Describe your relevant skills and experience, which will make you a valued member of Te Ao Mārama**, for example your:* experience with government funded services
* networks into the disability community
* ability to take a national perspective as well as a community perspective in relation to health and disability services
* have a working understanding of Whāia Te Ao Mārama
* recent experience as a consumer or community representative on a committee or board
* understand the principles of the Treaty of Waitangi
* have strong communication skills and computer literacy
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| **Describe your connection to Te Ao Māori.** |  |
| **Describe which disability groups you consider yourself to be part of.**  |  |
| **Are you a parent or caregiver of a person with a disability?** |  |
| **Which disability or disabilities do you or the person you support or care for have?** |  |

Please remember to attach your CV if you have one.