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 | |  | | | |
| **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.