### **MAORI WOMEN’S WELFARE LEAGUE INC**

**KAIWHAKAHAERE APPLICATION FORM**

**Title**

Ms. [ ]

Mrs. [ ]

Dr. [ ]

Prof. [ ]

Other:

**First Name**

**Surname**

**Contact Information**

Address:

Address 2:

City/Town:

Post Code:

Email Address:

Mobile Number:

**Are you currently employed?**

[ ]  Yes

 [ ]  No

**If yes, please provide your current position title and employer name:**

**Please select areas of expertise / technical skills/experience you can bring to the role of Kaiwhakahaere.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Basic** | **Intermediate** | **Advanced** |
| **Senior management experience in a Maori setting** |  |  |  |
| **Financial management, reporting and securing funding**  |  |  |  |
| **Strategic Planning and Project delivery** |  |  |  |
| **Operational planning and delivery** |  |  |  |
| **Workforce Management** |  |  |  |
| **Contract negotiations** |  |  |  |
| **Relationships and community engagement** |  |  |  |
| **Data & Digital Management** |  |  |  |
| **Quality Assurance and Compliance**  |  |  |  |

**If you have not included referee details in your CV, please detail them below. Referees will not be contacted without seeking your consent first.**

**Referee Details**

Name:

Company:

City/Town:

Country:

Email Address:

Phone Number:

Relationship:

**Referee Details**

Name:

Company:

City/Town:

Country:

Email Address:

Phone Number:

Relationship:

**Referee Details**

Name:

Company:

City/Town:

Country:

Email Address:

Phone Number:

Relationship:

Have you ever been convicted of any offence against the law, in New Zealand or any other country?

[ ]  Yes

[ ]  No

Do you have any criminal charges pending, in New Zealand or any other country?

[ ]  Yes

[ ]  No

If the answer to either question is YES, please provide full details, including the date and nature of the charges (and the expected hearing date if applicable):

(Please note: A false declaration about prior convictions and/or pending prosecutions will invalidate your application.)

**Consent to conduct pre- screening interviews.**

I <Name Surname> certify that the information provided in this form and any subsequent information provided to support the detail on this form is complete and accurate in all respects. I give permission to Atahaia Consultancy Limited to perform pre- screening interviews to verify the information I have provided for the Kaiwhakahaere role.

I consent to the use, disclosure and handling of both my personal information for the purpose of this recruitment process and in accordance with the Privacy Act 2020.

Full Name:

Date:

**Attach with your completed application form your cover letter, CV and a letter of support from a League Branch and forward to Lyn Harrison at** **atahaia@actrix.co.nz**