### **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**](mailto:atahaia@actrix.co.nz)