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| New Zealand Sign Language Board | | **C:\Users\sjone040\Objective\objective.ssi.govt.nz-8000-sjone040\Objects\ODI logo Vector RGB jpg.jpg** |
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Nominations should be submitted using this form, the Cabinet Committee Curriculum Vitae CAB 50/01 form, and the NZSL Board declaration form in writing, sent to the Office for Disability Issues.

1. Nominations should be received by 4pm Friday 23 April, 2021.
2. The Office for Disability Issues will acknowledge receipt of nominations.
3. Nominees will be informed about the Minister’s decisions.

**Nomination form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *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:*  *(Put an x in the appropriate box)* | *Member* |  | | *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:**

* by post, or email as a Word document, to:

Kellye Bensley

Office for Disability Issues

Ministry of Social Development

Aurora Centre, P O Box 1556, Wellington

Email: [nz\_sign\_language@msd.govt.nz](mailto:nz_sign_language@msd.govt.nz)