|  |  |
| --- | --- |
| New Zealand Sign Language Board  |  |
|  |  |

Nomination form

1. Nominations should be submitted using this form **and** the Cabinet Committee Curriculum Vitae CAB 50/01 form in writing, sent to the Office for Disability Issues.
2. Nominations should be received by Monday 25 April, 2022.
3. The Office will acknowledge receipt of nominations.
4. Nominees will be informed about the Minister’s decisions.

|  |
| --- |
| *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:* | *Board Member*  |  |  |
| *Deaf or hearing?* |
| *Fluent in New Zealand Sign Language?* |
| *Ethnicity identified with?* |

|  |
| --- |
| ***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:**

* Email as a Word document to, nz\_sign\_language@msd.govt.nz