

Membership number if known	

# Application for Local Committee Member – New Zealand

The following information is requested by and provided for Chartered Accountants Australia and New Zealand (CA ANZ). The information collected will be retained for as long as necessary to effect the appointment process.

Please return the completed application form to <u>LCApplications@charteredaccountantsanz.com</u> (see page 3 for contact details).

Section 1 – Candidate's details						
Local Committee area (please select one)						
Northland Auckland Waikato Bay of Plenty  Candidate's deta	Taranaki Gisborne Hawkes E Manawat		Whanganui Wairarapa Wellington Marlborough/Nelson	Canterbury/Westland Otago Southland		
Phone						
Phone Email Designation CA FCA ACA FACA AT AT Fellow						
Section 2 – Supporting information						
Current position/Title						
Name of business						
Employment sector	Public practice	Corporate	Public sector	Other		
Academic and profess	Big 4 Mid-Tier Small to Medium Enterprise ional qualifications (pled	Multinational Large Corporate Small to Medium Practice ase specify):	Central Government Local Government	Education  Not for Profit  Other (please specify)		

**Section 3** continued overleaf >

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ınd/or councils):	
Other professional memberships and roles not included above:	
experience of relevance to the role (please include previous roles):	
Candidate statement to support your candidacy on "what you would bring to the role" (maximum 150 words):	

## Section 3 - Privacy statement and Declaration

### **Privacy statement**

Privacy is important to Chartered Accountants Australia and New Zealand (ABN 50 084 642 571) (Chartered Accountants ANZ, CA ANZ), and its subsidiaries (collectively each CA ANZ, we, us or our). We will collect, use and disclose the personal information that you provide to us in this application form for the primary purpose of assessing and processing this application as a member of a CA ANZ Local Committee in New Zealand. If you do not provide the information requested by us, we may not be able to process your application. We will disclose a summary of the information provided to us in this form to members of the Chartered Accountants ANZ New Zealand Council and CA ANZ management to assess your nomination.

We will also use and disclose personal information (including sensitive information) as set out in our <a href="Privacy Policy">Privacy Policy</a>. Our <a href="Privacy Policy">Privacy Policy</a>. Sets out how Chartered Accountants ANZ handles personal information including how you can seek to access and correct your information or raise a privacy concern with us and how it will be dealt with.

I confirm that I have read, understood and agreed
to Chartered Accountants ANZ's Privacy Policy and
the important information contained in the Privacy
Statement above.

#### **Declaration**

- I confirm that I have completed all required CPD, there
  are no outstanding amounts owing to CA ANZ and
  I am not the subject of any current, past or impending
  professional conduct proceedings, criminal or civil
  matters that might in any way impair my ability to fully
  and acceptably fulfil the governance and representative
  responsibilities of the position.
- I understand that CA ANZ may undertake checks to confirm my responses.

- I have read the Local Committee Charter and the Code of Conduct.
- I agree that in the event that I am appointed to the Local Committee I will be required to agree to CA ANZ's appointment letter and confidentiality agreement and that this is a condition of my appointment in this position.
- I agree that in the event that I am elected to the Local Committee I will be required to, and agree that I will, abide by CA ANZ's policies and procedures.

Please sign of	and date	9
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3		Full name		
Signature		Date	/ / (DD/MM/YYYY)	
Lackno	wledge and garee that by checking this boy I will be	e taken to have	signed this form by	hand for the nurnoses

I acknowledge and agree that by checking this box I will be taken to have signed this form by hand for the purposes of all relevant laws, that I warrant the accuracy and truthfulness of the information provided in this form, and that CA ANZ is entitled to and will rely on my checking this box as if I had signed this form by hand.

## Section 4 - Submitting your application form

#### How to submit the form

Please submit this form together with your CV to CA ANZ at:

Email LCApplications@charteredaccountantsanz.com

or

Post LC Applications

Chartered Accountants ANZ

PO Box 11342 Wellington, 6142 Attn: Beth Steele

#### Any questions

For further enquiries or additional information please contact the Member Support Team on:

Email service@charteredaccountantsanz.com

**Phone** 0800 4 69422 or +64 4 474 7840 (outside of NZ)

9am-9pm (NZ time), Monday-Friday (excl. Public Holidays)

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