

Name

Curriculum Vitae

Date

Name		
Postal address		
Residential address		
Work telephone:		
Work email:		
Home telephone:		
Home email:		
Mobile telephone:		
Date of Birth:		
Are you a New Zealand citizen	Yes / No	
If No, please record your residency status here		
Cultural/Ethnic identity		
Iwi/hapu affiliation		
If you wish to notify us of any personal disability, do so here		
Summary		

Employment History

Dates: Year Start – Year Finish/current?	
Position/role title	
Employer	
Core business	
Description of significant experience in the role	

Dates: Year Start – Year Finish/current?	
Position/role title	
Employer	
Core business	
Description of significant experience in the role	

Dates: Year Start – Year Finish/current?	
Position/role title	
Employer	
Core business	
Description of significant experience in the role	

Board Appointments

Dates: Year Start – Year Finish/current?	
Role(s)	
Organisation	
Organisation's core business	

Dates: Year Start – Year Finish/current?	
Role(s)	
Organisation	
Organisation's core business	

Dates: Year Start – Year Finish/current?	
Role(s)	
Organisation	
Organisation's core business	

Dates: Year Start – Year Finish/current?	
Role(s)	
Organisation	
Organisation's core business	

Community Service

Dates: Year Start – Year Finish/current?	
Role(s)	
Organisation	
Function of Organisation	

Dates: Year Start – Year Finish/current?	
Role(s)	
Organisation	
Function of Organisation	

Dates: Year Start – Year Finish/current?	
Role(s)	
Organisation	
Function of Organisation	

Dates: Year Start – Year Finish/current?	
Role(s)	
Organisation	
Function of organisation	

Professional Memberships

Dates: Year Start – Year Finish/current?	
Position/role	
Organisation	

Dates: Year Start – Year Finish/current?	
Position/role	
Organisation	

Dates: Year Start – Year Finish/current?	
Position/role	
Organisation	

Dates: Year Start – Year Finish/current?	
Position/role	
Organisation	

Dates: Year Start – Year Finish/current?	
Position/role	
Organisation	

Educational Qualifications

Year of completion	
Qualification	
Institution	

Year of completion	
Qualification	
Institution	

Year of completion	
Qualification	
Institution	

Year of completion	
Qualification	
Institution	

Year of completion	
Qualification	
Institution	

Awards

**Training and Development
Activities**

Referees

Name	Phone/mobile	Email	Postal address

COMPLETE THIS CV TEMPLATE AND SEND WITH YOUR REGISTRATION FORM AND A LETTER TO:

***Nominations Service, Ministry of Pacific Island Affairs, P O Box 833, WELLINGTON
New Zealand***

Or email to nominations@mpia.govt.nz

Website
www.mpia.govt.nz