 Visual description: A purple Ministry of Disabled People – Whaikaha logo. On the left is a QR code and underneath the words ‘scan for the NZSL name’.

## **Expression of Interest form for the**

## **Accessibility Advisory Group**

**Kia hiwa rā kia hiwa rā**

**Kia kōkiri ake, kia mataara.**

**He karanga atu ki te ao whānui, ki te ao whaikaha.**

**Mauria mai ōu whakaaro rangatira ki tēnei kaupapa whakahirahira nau mai e te iwi e.**

Be watchful, be alert. Rise up, come forward, be counted, be alert. A call going out to the world, to the disabled world. Bring your chiefly thoughts to this important discussion. We welcome all.

**Are you a creative and strategic thinker with an interest in driving solutions to address access barriers? We need TEN people from the disability community with a deep understanding of accessibility to form the Accessibility Advisory Group.**

The Accessibility Advisory Group will advise the Ministry of Disabled People – Whaikaha Steering Group for the Accessibility Work Programme. You will talk about priorities, equity-focused outcomes, and practical solutions to improve accessibility across a range of areas. This mahi will be shaped not only by technical expertise, but also by lived experience and tikanga-based approaches that support equity for all communities.

This kaupapa is guided by Whaikaha’s organisational values Mana taurite - equity drives us, Mana kaha - we strengthen and support, and Mana tūhura - we explore and learn. Tāngata whaikaha Māori and Turi Māori voices are central to this mahi and together, we will work to uphold Te Tiriti o Waitangi/the Treaty of Waitangi.

**Please try to complete all sections, then**

**Email** your form and any additional documents or any questions you have to: outreach@whaikaha.govt.nz OR

**Post** the completed form and any additional documents to Whaikaha using this address (no stamp needed)

Reply Paid [Freepost]

Outreach team
Whaikaha - Ministry of Disabled People
Reply Paid: 262204
PO Box 1556, Wellington 6140

**If you prefer to apply with a video, please email the link to your video to** **outreach@whaikaha.govt.nz**

**Please return your form to us by 3 November 2025**

## **Your name and contact details**

Name:

Email:

Phone:

Region/city:

Citizenship (if not New Zealand):

## **Do you identify as...**

This is being asked as we will consider diversity of representation when selecting the Accessibility Advisory Group. We encourage expressions of interest from tāngata whaikaha Māori and Turi Māori.

## **Please tick all that you identify as**

[ ]  Tāngata whaikaha Māori/whānau hauā /Māori disabled

[ ]  Deaf

[ ]  Turi Māori

[ ]  Disabled person

[ ]  Pacific disabled person/Pacific person with a disability

[ ]  tākatapui, MVPFAFF+, rainbow or LGBTQIA+

[ ]  Family and/or Whānau – of disabled adult

[ ]  Family and/or Whānau – of disabled child(ren)

[ ]  Youth

[ ]  Rangatahi Māori

[ ]  Disabled older person

[ ]  Living rurally

[ ]  Neurodivergent

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Your experience and background**

This section covers key selection criteria which will be used as part of the selection process (please write your response under each statement).

**What unique experiences and skills would you bring to the Advisory Group?**

## **We would like to know more about your knowledge and experience with** (please write your response under each statement)

**Innovative and practical accessibility project/s**

**Accessibility barriers and creating solutions**

**Achieving equity, how do you make sure solutions are good for all not just some?**

**Disability networks and leadership roles**

**Kaupapa Māori/tikanga experience - any ways you have used kaupapa Māori or tikanga approaches to improve accessibility and inclusion (e.g. whakawhanaungatanga, involvement in kaupapa that address barriers to te ao Māori, co-design with whānau, iwi or hapū)**

## **Please tell us about** (please write your response under each statement)

**Any relevant qualifications, work, mahi or volunteer experience**

**Any relevant industry experience you have in disability accessibility work**

**Any experience you have had on governance boards, industry groups or with public sector groups**

## **Is there anything we should know about your current roles or memberships?**

## Please outline any real, potential or perceived conflicts and your suggestions to manage these.

## **Most of the members of the Accessibility Advisory Group will be there as individuals. Please tell us if you would prefer to represent an organisation.**

Please tick the option that applies

[ ]  Yes, represent an organisation

[ ]  No, be there as an individual

[ ]  Not sure

If yes, please write here which organisation you want to represent and why you would like this:

## **People who can support your application**

Please share the names of two people who can support your application. They might be from an organisation you’ve worked or volunteered with.

1. Name:

 Organisation/Company:

 Relationship (e.g. my manager):

Phone:

Email:

1. Name:

 Organisation/Company:

 Relationship:

 Phone:

Email:

## **Your availability**

If appointed, will you be able to commit to up to 6 online meetings of 4 hours held during the day, plus up to 2 hours pre/post preparation time (please tick the option that applies):

[ ]  Yes

[ ]  No

[ ]  I will need to check

## **Length of membership**

Are you interested in an initial one year term on the Accessibility Advisory Group, or an initial two year term (please tick the option that applies)?

[ ]  1 year

[ ]  2 years

[ ]  I have no preference

## **Support and reasonable accommodations**

Please tell us about the support you need to take part (for example NZSL interpreter, captioning, note-taker, meeting assistant, timing of meetings, breaks, etc).

## **Criminal record (if any)**

Please note that if you are a preferred candidate we may ask for your permission to seek additional information regarding any criminal convictions. A criminal conviction will not necessarily exclude you from being considered for appointment. Any previous convictions that meet the criteria of the Criminal records (Clean Slate) Act 2004 do not need to be disclosed. For information see <https://www.justice.govt.nz/criminal-records/>

## **Your confirmation**

I consent to the Ministry contacting the referees I have nominated to seek verbal or written information about me, and only using this information to consider my application and not for any other purpose.

I understand that the information will be kept confidential. My referee will provide information in confidence and it will not be shared with me.

I have disclosed any actual, potential or perceived conflicts of interest above and they are correct to the best of my knowledge and I declare these in good faith.

I confirm that the information given orally and in writing by me is true, complete, and correct and that I have disclosed everything that may be relevant for the Ministry to consider my application.

**I confirm the above to be true.**

**Your name or signature:**

**Date you completed this form:**

## **Extra information (optional)**

You can attach more information if you want, please tick which ones:

[ ]  Additional pages

[ ]  CV (Curriculum vitae) or Resume

[ ]  Video or alternate format application

[ ]  Cover letter

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are not selected to be a member of the Accessibility Advisory Group, do you want to be added to our Whaikaha mailing list? (please tick)**

[ ]  Yes

[ ]  No

**Privacy Note:** We are collecting personal information from you to consider your expression of interest in becoming a member of the Accessibility Advisory Group. We will not use this information for any other purpose, unless you consent. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you’d like to ask for a copy of your information, or to have it corrected, please contact us at privacy@whaikaha.govt.nz