

Postal Address: Private Bag 704, Hokitika
Street Address: 36 Weld Street, Hokitika
Phone: 03 756 9010 / 0800 474 834
Website: www.westlanddc.govt.nz



APPLICATION FORM

POSITION – DISTRICT LICENSING COMMITTEE

This application form will be used to assist in considering your suitability for the Westland District Licensing Committee.

If you are sending a copy via mail – please do not send originals as we will not take responsibility for lost or damaged material.

Please complete this Application Form and return by the closing date of 9th April 2021

Forward completed application forms to Te Aroha Cook, Secretary, Westland District Licensing Committee at the address shown in the header or via email to tearoha.cook@westlanddc.govt.nz

PERSONAL DETAILS

Mr / Mrs / Ms/ Dr	Surname:		
First Name(s):			
Name you are known as (if different from above)			
Postal Address:			
Email:			
Phone/Cell No.:			
Are you legally entitled to work in New Zealand?			Yes <input type="checkbox"/> No <input type="checkbox"/>
NZ Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Current Work Permit <input type="checkbox"/>	
Do you currently have involvement with the alcohol industry?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please explain:			
Are you a member of the NZ Police, a Medical Officer of Health, or an inspector or employee of the Westland District Council?			
			Yes <input type="checkbox"/> No <input type="checkbox"/>

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QUALIFICATIONS

Please list any qualifications, certificates, licences or courses attended which are relevant to this position.

KNOWLEDGE AND SKILLS

Describe the knowledge and skill sets that you have which are relevant to this positions (include any knowledge and understanding that you may have in relation to hearings procedure, relevant legislation and any alcohol licensing experience from previous roles)

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EMPLOYMENT / BOARD / COMMITTEE HISTORY

Provide details of your current / most recent employment, Board, or Committee role/appointment.

Date from: to:

Company/Board/Committee:

Position held:

Main Responsibilities:

Reasons for leaving:

Date from: to:

Company/Board/Committee:

Position held:

Main Responsibilities:

Reasons for leaving:

Date from: to:

Company/Board/Committee:

Position held:

Main Responsibilities:

Reasons for leaving:

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REFEREES

Please provide contact details of two referees with whom you have had an association in employment or Board/Committee appointment within the last five years.

Name:

Company/Board/Committee:

Email Address:

Contact Phone No.:

Name:

Company/Board/Committee:

Email Address:

Contact Phone No.:

GENERAL INFORMATION

Do you have any civil or criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act?

Yes ☐ No ☐

If **YES**, please provide details:

Are you awaiting the hearing of charges in a civil or criminal court of law?

Yes ☐ No ☐

If **YES**, please provide details:

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Do you have any health related issues that may impact on your ability to perform the role and responsibilities of a District Licensing Committee member?

Yes ☐ No ☐

If **YES**, please provide details:

DECLARATION

I _____ (full legal name)
declare to the best of my knowledge that the answers in this application are correct.
Further, I declare that I have not given any false or deliberately misleading information, or
supressed any material fact which would affect my suitability for this role.

Signed:

Date: