New Zealand
College of Midwives
Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa

Board Appointment Application Form

Personal Details

Full Name:

Preferred Name:

Address:

Phone:

Email:

College Membership Number (if applicable):

Position Applying For:

- ☐ Midwife Board Member
- ☐ Independent Board Member
- ☐ Ngā Māia Nominated Board member (nominations via Ngā Māia, please see the Nga Maia NZCOM board nomination EOI or contact admin@ngamaiatrust.org)

Applicant questions:

1. Motivation

What interests you about serving on the Board of the New Zealand College of Midwives, and how do your values align with the College's purpose and vision?

2. Relevant experience

Please describe the knowledge, skills and experience that you would bring to the Board, including any governance, leadership, midwifery, health sector, education, financial, technology or policy experience.

3. Equity and Te Tiriti

Tell us about a time when you helped promote equity, particularly for Māori, or applied Te Tiriti o Waitangi principles in your work, governance, or community involvement.

4. Difficult decisions

Describe a situation where you had to consider different views, ask challenging questions, or make a difficult decision. What was your approach and what did you learn?

5. Issues facing midwifery

What do you see as the most important challenges and opportunities facing midwifery and maternity services in Aotearoa New Zealand over the next 5-10 years, and how could you contribute to addressing them?

6. Positive Board culture

What would being an effective Board member mean to you, and how would you contribute to a positive and productive board culture?

Skills and Expertise:

Please indicate areas where you have significant experience or expertise.

☐ Governance	☐ Strategic Planning	☐ Financial Management
☐ Audit and Risk	☐ Health Sector	☐ Midwifery Practice
☐ Midwifery Education	☐ Workforce Development	☐ Māori Health
☐ Te Tiriti o Waitangi	☐ Technology and Digital	☐ Policy and Advocacy
☐ Change Management	☐ Human Resources	☐ Legal and Regulatory

Other: (please state)

Referees

Referee One

Name:

Relationship:

Phone:

Email:

Referee Two

Name:

Relationship:

Phone:

Email:

Declaration

I declare that:

- The information provided in this application is true and correct.
- I understand the responsibilities of a Board Member.
- I am willing and able to meet the time commitments required.
- I agree to comply with the Constitution, policies and governance requirements of the College.
- I am legally eligible to serve as a Board member for the College.

Signature:

Date:

Please send:

1. Completed Application Form.
2. Curriculum Vitae.
3. Brief statement outlining your interest in the role and relevant experience.

to governance@nzcom.org.nz by 11.59pm on Sunday 30th of August 2026