Thank you for offering to be a member of your Regional Committee/Panel. Your dedication and commitment to supporting caregivers in your region truly makes a difference.

 **Committee Member Application Form**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |
| Phone Number: |  |
| Cellphone: |  |

|  |
| --- |
| Please tell us a bit about yourself: |
|  |

|  |
| --- |
| Do you have access to a computer and have the ability to download and use skype or similar?  |
|  |

I confirm that the information contained in this application is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date

Once you have completed this form, please return to Fostering Kids NZ national office at reception@fosteringkids.org.nz or PO Box 30188, Lower Hutt, 5010.