



**He Kaupare. He Manaaki.  
He Whakaora.**  
prevention. care. recovery.

# Māori Customer Advisory Panel

## Expression of Interest Form

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<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	
<b>Preferred Method of Contact:</b>	
<b>Airline Membership Number:</b>	
<b>Back Account Details:</b>	
<b>Injury* (if applicable):</b>	

**What is your injury?**

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**When did you get injured and how long have you been an ACC client?**

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**Are you part of other advisory or advocacy groups across the Government sector?**

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\*We have asked these questions to ensure we create a panel which is representative of our clients and community. If you would prefer not to answer these questions, please let us know.

<b>Organisation you represent (if applicable):</b>	
<b>Name:</b>	
<b>Telephone:</b>	

<b>Address:</b>	
<b>E-mail:</b>	
<b>Your role:</b>	
<b>Length of time at organisation:</b>	
<b>Your responsibilities within the organisation:</b>	
<b>Network size and location:</b>	

*I declare that all information I have provided in this form is correct.*

*I understand that I can ask to see any information that ACC holds about me, and have it corrected if it is wrong, within the provisions of the Privacy Act 1993.*

**Signature**

**Date**

The information collected on this form will only be used to assess your application for a position on our Māori Customer Advisory Panel. In the collection, use and storage of information, ACC will at all times comply with the obligation of the Privacy Act 1993. You have the right to access information we hold about you. You can also ask us to correct the information that we hold about you.

## Submit to

Māori Customer Advisory Panel  
 ACC  
 PO Box 242  
 Wellington 6011

Email [culturalcapabilityteam@acc.co.nz](mailto:culturalcapabilityteam@acc.co.nz) or [teata.tuhimata@acc.co.nz](mailto:teata.tuhimata@acc.co.nz)