**S**

**tatutory appointment application form**

**Part F: Animal Welfare Act accredited reviewer**

**Part F – Additional specific information**

|  |  |
| --- | --- |
| **1.** | **Applicant’s name:** |

**Describe and / or attach evidence of the following competencies**

|  |
| --- |
| ***2.* Auditors course and date successfully completed** *(attach certificate)***:** |
| **3. Involvement in auditing since training completed:** |
| **4. Working knowledge of Animal Welfare Act 1999 and Part 6 in particular:** |
| **5. Communication and interpersonal skills:** |
| **6. How you will maintain client confidentiality, impartiality and independence when conducting reviews:** |
| **7. Your experience, knowledge and understanding of the use of animals in research, testing and teaching:** |
| I certify that the information above and attached to this application is truthful and declare that I will not carry out any reviews where I have any potential for a conflict of interest[[1]](#footnote-1). Signed: Date: Print name:  |

**Email the whole application (Parts A, B, C and F *plus* supporting information *plus* a jpg photo) to**

**animalwelfare@mpi.govt.nz**

1. The conflict of interest may be slight. Prior disclosure allows any conflicts to be appropriately managed.

Form approved under delegated authority August 2022 Page 1 of 1 [↑](#footnote-ref-1)