Rangitāne o Tamaki nui-ā-Rua

Tini whetū ki te rangi, ko Rangitāne ki te whenua.

NOMINATION FOR TRUSTEE 2026

THE INFORMATION YOU SUPPLY ON THESE FORMS WILL BE TREATED IN CONFIDENCE.

Please complete the following steps:

1. Complete the nomination form;
2. Complete all sections of the application form; and
3. Complete the attached required forms.
    a. Biography.
    b. Vetting form-also attach two forms of identification, e.g. birth certificate, driver licence, passport etc.
    c. Health declaration.

Please email to:
secretary@rangitane.co.nz

Forms may be scanned and emailed to secretary@rangitane.co.nz

- The closing date for this application is 3pm Thursday 19th of November 2026.
- Nominees will be notified by the date advised by the Trust if their nomination has been accepted.
- Accepted nominees will be required to present in person at the Annual General Meeting of Rangitāne o Tamaki nui-ā-Rua Charitable Trust on Sunday 29th November 2026 at Te Wānanga Taiao o Manukura, Pūkaha.
- Both nominees and nominators must be eligible according to the Constitution of Rangitāne o Tamaki nui-ā-Rua Charitable Trust. You can email secretary@rangitane.co.nz and request a copy.

Office use:

Date received: _____

All completed required documentation included: Y/N

Nomination accepted: Y/N

_____ _____

Poumataamua - Signature *Date*

Rangitāne o Tamaki nui-ā-Rua

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NOMINATION FORM

I hereby submit the following nominee for election as a Trustee of Rangitāne o Tamaki nui-ā-Rua Charitable Trust.

NOMINEE: _____

HAPŪ: _____

Signatures of the nominator.

1. _____ _____
Individuals name in block letter Signature

Signature of two additional adult members (other than the candidate)

1. _____ _____
Individuals name in block letter Signature

2. _____ _____
Individuals name in block letter Signature

I accept the above nomination _____
Signature of Nominee

Date submitted: _____

APPLICATION FORM

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Please complete all sections of the application form and attach the below required documentation.

SECTION 1 PERSONAL DETAILS			
Title		**Last Name**	
First Name/s			
Address			
Postcode			
Home Phone			
Mobile Phone			
Email Address			
Are you eligible to be a Trustee of Rangitāne o Tamaki nui-ā-Rua Charitable Trust? ***Refer to clause 7.2 of Constitution.***	Yes ☐ No ☐		
Do you hold a full NZ driving licence?	Yes ☐ No ☐		

SECTION 2 LEGAL	
Have you ever been convicted of a criminal offence?	Yes ☐ No ☐
Do you have pending prosecutions?	Yes ☐ No ☐
If yes please give details/dates of offence and sentence:	

SECTION 3 EDUCATION TRAINING			
Date From	Date To	Name of Institution	Qualification Gained

SECTION 4 EMPLOYMENT RECORD			
Date From	Date To	Name and address of employer	Job Title, functions & responsibilities

SECTION 5 NOMINATORS			
Nominator 1		**Nominator 2**	
Name		**Name**	
Hapū/Marae		**Hapū/Marae**	
Phone		**Phone**	
Email		**Email**	
Address		**Address**	

SECTION 6 DECLARATION			
I confirm that the information provided in this application and within my biography is both truthful and accurate. I have omitted no facts that could affect my application. I understand that any false misleading statements could place any subsequent appointment in jeopardy. I understand that any appointment entered into is subject to documentary evidence of my right of nomination according to the Rangitāne o Tamaki nui-ā-Rua Charitable Trust. constitution and eligible nominators. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the position as a Trustee of Rangitāne o Tamaki nui-ā-Rua Charitable Trust and may form the basis of any subsequent personnel file.			
Signed		**Date**	
Rangitāne o Tamaki nui-ā-Rua Charitable Trust. undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the applicable privacy legislation.			

BIOGRAPHY TEMPLATE

Pepeha & About You

Share your pepeha, whānau and connection to Rangitāne.

Skills & Experience

Briefly outline your skills, experience and iwi or community involvement.

Why Trustee?

Why are you standing, and what would you bring to the Board?

Rangitāne o Tamaki nui-ā-Rua

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HEALTH DECLARATION

I, _____

First/s Name Last Name

am seeking nomination for a position as a Trustee of Rangitāne o Tamaki nui-ā-Rua Charitable Trust.

☐ I have no health conditions, disabilities or injuries which would prevent me from undertaking the requirements of this position in a manner which is safe for me and others.

☐ I have the following health condition/s, disability or injury which will either **limit my ability to undertake the requirements of this position, or which will require adaptations to the workplace or work procedures** to enable me to undertake the requirements of this position in a manner which is safe for me and others (Including which results from any accidental injury or medical condition caused by gradual process, disease or infection which may be aggravated by working in this position, or which may reduce my ability to carry out efficiently all the duties required of me. For example- hearing loss, Occupational Overuse Syndrome, dermatitis, allergies, back problems, respiratory problems, eczema, asthma and poor eyesight

_____

_____

The accommodations that would be required to enable to perform this position due to the above condition, disability or injury are listed below:

_____

_____

I understand Rangitāne o Tamaki nui-ā-Rua Charitable Trust may require further medical explanation and/or a report from my doctor.
I understand that this information is confidential to Rangitāne o Tamaki nui-ā-Rua Charitable Trust and will be subject to the provisions of the applicable privacy legislation and the applicable health information privacy requirements.

I understand that withholding of information or providing incorrect information in this declaration could render me liable to dismissal.

_____ _____

Signature *Date*