



Rangitāne o Tamaki nui a Rua Incorporated

NOMINATION FOR EXECUTIVE COMMITTEE 2022

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.

Then either post or deliver the completed documentation to:

Executive Committee Nominations-*Private and Confidential*
C/o EC Secretary
10 Gordon Street
Po Box 62
Dannevirke 4930

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

- The closing date for this application is 5pm Friday 4 November 2022.
- Nominees will be notified by the 12th November 2022 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 a Rua Inc. on Saturday 19 November 2022 at Makirikiri marae, Dannevirke.
- Both nominees and nominators must be eligible according to the Constitution of Rangitāne o Tamaki nui a Rua Inc. You can contact the office on 06 3746860 and request a copy.

Office use:

Date received: _____

All completed required documentation included: Y/N

Nomination accepted: Y/N

EC Sec -Signature

Date



Rangitāne o Tamaki nui a Rua Incorporated

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 an Executive Committee Officer? <i>Refer to clause 7.2 of Constitution.</i>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you hold a full NZ driving licence?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

SECTION 2 LEGAL			
Have you ever been convicted of a criminal offence?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have pending prosecutions?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes please give details/dates of offence and sentence:			



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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



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

SECTION 6 DECLARATION			
<p>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 a Rua Inc. 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 on the Executive Committee of Rangitāne o Tamaki nui a Rua Inc. and may form the basis of any subsequent personnel file.</p>			
Signed		Date	
<p>Rangitāne o Tamaki nui a Rua Inc. 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 Privacy Act 1993.</p>			



Rangitāne o Tamaki nui a Rua Incorporated

Biography Template

PHOTO

Pepeha

What you are involved in?

- Whānau
- Rangitāne hapū/iwi
- Community?
- Successes?
- Skills/talents?
- Experience?

What skills can you bring to the governance of Rangitāne?

HEALTH DECLARATION

I, _____
Last Name First Names

am being considered / have been employed (delete one) for the following position

Position Title: _____

I have read the job description and position competencies.

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.

OR

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 ā Rua Incorporated may require further medical explanation and/or a report from my doctor.

I understand that this information is confidential to Rangitāne o Tamaki ā Rua Incorporated and will be subject to the provisions of the Privacy Act 1993 and the Health Information Privacy Code 1994.

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

Signature

Date