



Rangitāne o Tamaki nui-ā-Rua Charitable Trust

NOMINATION FOR EXECUTIVE COMMITTEE 2023

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:

Charitable Trust Committee Nominations-Private and Confidential
C/o CT Secretary
6 Ward Street
Po Box 62
Dannevirke 4930

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

- The closing date for this application is 3pm Friday 3rd November 2023.
- Nominees will be notified by the 10th November 2023 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 Saturday 18th November 2023 at Pūkaha.
- Both nominees and nominators must be eligible according to the Constitution of Rangitāne o Tamaki nui-ā-Rua Charitable Trust. You can contact the office on 06 374 4185 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-ā-Rua Charitable Trust

NOMINATION FORM

*I hereby submit the following nominee for election onto the Executive Committee of
Rangitāne o Tamaki nui-ā-Rua Charitable Trust.*

NOMINEE: _____

HAPŪ: _____

Signatures of the two Nominators.

1. _____
Individuals name in block letter

Signature

2. _____
Individuals name in block letter

Signature

I accept the above nomination _____
Signature of Nominee

Date submitted: _____



Rangitāne o Tamaki nui-ā-Rua Charitable Trust

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 Charitable Trust 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:			



Rangitāne o Tamaki nui-ā-Rua

Charitable Trust

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



Rangitāne o Tamaki nui-ā-Rua Charitable Trust

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-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 on the Charitable Trust Committee of Rangitāne o Tamaki nui-ā-Rua Charitable Trust and may form the basis of any subsequent personnel file.</p>			
Signed		Date	
<p>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 Privacy Act 1993.</p>			



Rangitāne o Tamaki nui-ā-Rua Charitable Trust

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 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 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