



A - Candidate/Nominee to fill out

First name:			
Surname:			
Address:			
Date of birth:		Home phone:	
Mobile phone:		Email:	

I submit with this nomination (*please tick appropriate circles*):

<input type="radio"/> Candidate Profile Statement (Max 300 Words)	<input type="radio"/> Recent photo	<input type="radio"/> Completed application for criminal conviction report and copy of relevant ID document
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I confirm that:

<input type="radio"/> I am eligible to stand for nomination as a Trustee for Te Ātiawa ki Whakarongotai Charitable Trust and am not precluded by the rules of the Trust.
<input type="radio"/> I am an adult registered member of Te Ātiawa ki Whakarongotai Charitable Trust.
<input type="radio"/> I am not bankrupt and have not been convicted of any dishonesty offence as defined in the Trust Deed.
<input type="radio"/> I consent to my candidate profile statement and photo being made available to member for election purposes.
<input type="radio"/> I authorise the Returning Officer to make enquiries of relevant persons, authorities, and records to confirm any aspect of my declaration. Including but not limited to a Ministry of Justice Criminal Conviction History Check.

If an election is required I wish my name to be shown on the voting paper as:

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Signature of Candidate/Nominee:		Date:	
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IMPORTANT INFORMATION

CANDIDATE PROFILE STATEMENT

Candidates must submit a candidate statement with their nomination. The statement should focus on relevant experience and policies of the candidate. The candidate statement must be no more than 300 words. Statements should be supplied in a machine readable format such as a word.docx or .txt file.

CANDIDATE PHOTO

Candidates are also required to supply a recent digital photograph for inclusion in the voting pack. Acceptable formats include jpeg, png, tift formats.

**Each Nomination Form must be in the hands of the Returning Officer by:
 5.00 PM FRIDAY 10 DECEMBER 2021**

Completed nomination forms should be sent to the Returning Officer by scanning and emailing to iro@electionz.com.

The Returning Officer does not recommend returning completed nomination documents by post, so if email delivery is not possible please contact the Returning Officer on **0800 666 029** to discuss other options.

B- NOMINATOR AND SECONDER TO FILL OUT

Full name of Nominator:				
Address:				
Home phone:		Mobile phone:		
Email:				
Signature of Nominator:			Date:	
Full name of Secunder:				
Address:				
Home phone:		Mobile phone:		
Email:				
Signature of Secunder:			Date:	

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Request for Criminal Conviction History – Third Party

Confidential when completed

REQUEST BY THIRD PARTY UNDER THE PRIVACY ACT 1993 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS.



How to fill out this form and the definitions used in this form

1. You will have been provided this form by a third party* to complete
2. Complete all the questions from Step 2 on – start with “Your details”
3. Please write as neatly as possible
4. Send back to the third party for them to check and send off.

*Third party is the person, potential employer or recruitment agency who has requested the criminal conviction check and will be sent the results. (The third party must complete the front page of this form).

Step 1 Third party to complete this section

Third party name details

Full name of third party:

ELECTIONZ.COM LIMITED

Full name of the person or organisation the third party **is acting for** (if applicable):

(i.e. the person or organisation who requested the third party to carry out a criminal conviction check).

Third party reference number (if applicable):

Third party return address details

Name of the person to return request information to: ELECTIONZ.COM LIMITED

PO Box or
Street Address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Signature of third party:

X

electionz.com

OFFICE USE ONLY
MOJ REQUEST NUMBER

Step 2 Your details (please print)



Important: make sure the name and date of birth you write in here matches your identification in Step 3

Your Personal Details

Surname: First name:

Middle names (separated by commas):

Date of birth: Male Female

Place of birth:

Telephone: Mobile:

Email:

Previous names – Maiden names, other names you are known as, or have used

Surname	First name	Middle names (separated by commas)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Postal Address

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Please list any other New Zealand addresses you have lived at in the last 10 years

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Step 3 Your identification



Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:

New Zealand Driver Licence – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.

New Zealand Passport – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.

Overseas Passports – must be current and cannot be expired, cancelled or defaced. Must show your signature.

New Zealand Firearms Licence – must be current and cannot be expired or defaced.

If you do not have any of these forms of identification, you will need to complete Step 5.

Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

Tick the report required

Criminal and traffic convictions report

Traffic convictions report

I want a copy of the information provided to the third party

Yes

No

Your signature:

X

Date:

Step 5 Proof of identity

Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to www.justice.govt.nz/services/criminal-records

The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.

Identifier to complete

Identifier's surname:	<input type="text"/>		
Identifier's first name:	<input type="text"/>		
Identifier's middle names (<i>separated by commas</i>):	<input type="text"/>		
PO Box or Street address:	<input type="text"/>		
Suburb:	<input type="text"/>		
Town/City:	<input type="text"/>		
State/Province:	<input type="text"/>		
Post Code:	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

I declare that I have personally known

Surname:	<input type="text"/>		
First name:	<input type="text"/>		
Middle names (<i>separated by commas</i>):	<input type="text"/>		
For	<input type="text"/>	years and vouch for their identity.	

Signature of the identifier:

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