

A: CANDIDATE to fill out after reading important information on reverse

I (*candidate's full name*),

accept the nomination and confirm that I have read and understand the **Eligibility and Candidacy** notes on the reverse of this form and declare I am qualified to be a candidate by:

- being a NZ citizen **and** a NZ parliamentary elector, and I have not been;
- removed as a DHB member since the 2016 election under the provisions of Schedule 2 of the NZ Public Health & Disability Act 2000, or;
- failed to declare a material conflict of interest before accepting nomination as a candidate at the last election, and;
- I am not subject to a property order made under section 31 of the Protection of Personal and Property Rights Act 1988.

Address (*as listed on the parliamentary roll*):

Email (*EO's preferred first point of contact*):

Mobile phone:

Home phone:

I understand that the details provided on this nomination paper will be publicly available for election purposes.

Please advise the Electoral Officer at the time of lodging your nomination if there are contact details that you would not like to be published.

Note: Section 55(5) of the Local Electoral Act 2001 requires that this nomination form be available for public inspection at the **Hokitika i-SITE office, 36 Weld Street, Hokitika**. Please note that candidate and nominator details provided on this form may also be available from the **West Coast District Health Board** website.

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

Evidence of deposit (\$200)

Photo

Profile statement

Conflict of interest statement

Evidence of NZ citizenship (*acceptable evidence includes NZ Passport, NZ Birth Certificate, NZ Citizenship documentation*).

I understand that, in not providing a profile or photo, the words "*Profile/Photo not supplied*" will appear below my name in the profile sheet that will be sent out with the voting paper. **All nomination documents must be submitted at the same time.**

My principal place of residence (*tick ONE circle*):

is **WITHIN** the West Coast District Health Board area

is **NOT WITHIN** the West Coast District Health Board area

I am also standing for the following elections:

I wish my name to be shown on the voting document as:

I wish to use the following affiliation (*To be left blank if the candidate does not wish to use any party/group affiliation. A candidate with no affiliation may request that 'independent' be shown*):

Signature:

Date:

B: NOMINATORS to fill out

We, the undersigned electors of **West Coast District Health Board** hereby nominate (*candidate's full name*):

with his/her consent, as a candidate for the office of **Member** for the **West Coast District Health Board**, the election for which is to be held on 12 October 2019.

Full name of **First Nominator**:

Address:

Mobile phone:

Home phone:

Signature of **First Nominator**:

Date:

Full name of **Second Nominator**:

Address:

Mobile phone:

Home phone:

Signature of **Second Nominator**:

Date:

