

Te Rūnanga Taura Representative (TRT) Nomination Form

(Return to Sandie Bayliss, via email: Sandra.Bayliss@nzno.org.nz)

You must be a current NZNO member to join the National Student Unit

Nominator (*print name*) _____ **Signature:** _____

NZNO Number: _____

Second (*print name*) _____ **Signature:** _____

NZNO Number: _____

Nominee's Details (<i>please print</i>)	
NZNO Membership Number	
Surname	
First Name(s)	
Preferred Name	
Iwi and Hapū Affiliations	
Postal Address	
Town/ City	
Mobile Phone	
Email Address	
Study Details	
Kura/ Nursing School	
Nursing Programme	
Programme start date	

Please supply a passport photo of yourself with your nomination form.

Nominee signature (*print name*) _____ **Signature:** _____

To be an effective NZNO TRT representative you will be expected to demonstrate a commitment to NZNO, Te Rūnanga and NSU by promoting and upholding the policies of NZNO.

Privacy Act Disclosure

This information is collected so NZNO has a record of its delegates, can communicate with them and can provide members in your area/s with your details so they can contact you. You have the right to access to the information you provide and to request correction of it.