



# Te Rūnanga Tauira Representative Nomination Form

(Return to your local NZNO office or call 0800 28 38 48)

**You must be a current NZNO member within your School of Nursing who identifies as Māori to be nominated and to nominate other students to join the National Student Unit**

Proposer (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

NZNO Number: \_\_\_\_\_

Seconder (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

NZNO Number: \_\_\_\_\_

**(please supply a passport photo (or similar) of yourself with your nomination)**

Nominee's Details (please print)	
NZNO Membership Number	
Surname	
First Name(s)	
Preferred Name	
Tribal Affiliations	
Postal Address	
Town/City	
Home Phone	
Mobile Phone	
Email Address	
Study Details	
Polytechnic or University	
Year of starting	

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

*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 being collected so that NZNO has a record of delegates, can communicate with them and can provide members in your areas 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.