

# Call for Nominations

## Whangaroa Health Services Trust



Nominations are invited for Community members interested in being Trustees on the WHST Board

An election will be held to appoint one Maori and five other representatives.

Nominations close 4.00pm on Mon 22nd November 2021

Nomination forms may be obtained by contacting the WHST Returning Officer or collecting from either the Kaeo Library or the Whangaroa Health Services Admin Office (Omaunu House) at 180 Omaunu Road, Kaeo.

WHST Returning Officer  
returningofficer.whst21@gmail.com  
021 089 58434

# Whangaroa Health Services Trust (WHST)

The Trust consists of 6 elected community members, up to 4 appointed members, and up to 2 co-opted members. These nominations are the start of the process allowing the community to elect their representatives on the Trust for the next 2 years.

The Current Board has assurances from the NDHB of a 20 months contract from the PHE to allow us to recapitalise, provide “in community” health support, run current programmes such as the Pa and, most importantly for our future, put Kauri Lodge on a long term sustainable footing.

This challenge, if the new Board decides to take it up, plus any others they wish to embrace will see a tough but rewarding time for them over the next two years.

The Board wishes all nominees every success in the coming elections.



# WHANGAROA HEALTH SERVICES TRUST

## BOARD OF TRUSTEE NOMINATION



### Important Information

All nominations must be submitted using the prescribed nomination form and all requirements contained in the form must be fulfilled to avoid the nomination being invalid.

Please read the Rules for Completion on the reverse side of the Nomination Form enclosed.

All completed forms must be returned to the Board appointed independent Returning Officer, Jen Ritchie-Campbell. Options for delivery are detailed in the Rules for Completion of the Nomination Form on the back page of this Form.

The duly completed nomination form, together with the required documents as specified in the Rules for Completion of the Nomination Form, must reach the **collection points by no later than 4pm on Monday, 22<sup>nd</sup> November 2021.** Nominations received after this date and time will not be considered.

### Nominations

For the purpose of vetting, the Nominee is required to submit the following documentation together with the completed nomination form:

1. An abridged curriculum vitae of no more than 100 words
2. A copy of your identity document (Drivers licence, passport or birth certificate)
3. Evidence that you live in the Whangaroa District (e.g. copy of utility bill, letter from institution e.g. bank, government department)

### Eligibility

1. All persons - nominees, nominators and voters - must live within the Whangaroa District as outlined by the Old Whangaroa county map (attached)\*
2. All nominees must live in the Whangaroa District whilst they are serving on the Board of Trustees
3. Persons 18 years of age and above can be nominated, can nominate and can vote.

### Ineligibility

You have been discharged as bankrupt

You have a conviction of an offence involving dishonesty

### Board Representative

All enquiries related to finding out more information about the Trust must be directed to WHST Deputy Chair, Sue Brown, at [sue@paprc.co.nz](mailto:sue@paprc.co.nz)

### Returning Officer

All queries relating to the nominations and electoral processes must be directed to Jen Ritchie-Campbell, on 021 089 58434 or e-mail:

[returningofficer.whst21@gmail.com](mailto:returningofficer.whst21@gmail.com)

**WHANGAROA HEALTH SERVICES  
TRUST**  
**BOARD OF TRUSTEE NOMINATION**



**Nomination Form**

**Section 1: Nomination (to be completed by the nominator)**

Nominator Full Name: \_\_\_\_\_

Nominator Contact Number: \_\_\_\_\_

Nominator Address:  
\_\_\_\_\_

I declare that the information provided in Section 1 above is true and correct and that I live currently with in the Whangaroa District.

\_\_\_\_\_  
Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: Nomination Details (to be completed by the nominee)**

Nominee Full Name: \_\_\_\_\_

Nominee Contact Number: \_\_\_\_\_

Nominee Email: \_\_\_\_\_

Nominee Address:  
\_\_\_\_\_

**Section 3: Declaration and Acceptance (Nominee)**

I, \_\_\_\_\_ (Nominee Full Name)

1. I accept my nomination to stand as a candidate for election to the Whangaroa Health Services Trust.
2. I have familiarised myself with the requirements of holding an office of Trust and am fully aware of the obligations that such an office brings.
3. I declare that I have read and understood the ineligibility criteria for Board of Trustees and that I live currently within the Whangaroa District.
4. I declare that the information provided in Section 2 above is true and correct.
5. I accept that if it is found that any information that has been supplied is false, I may be disqualified from standing for election.

\_\_\_\_\_  
Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

I am standing for the position of Maori representative Yes / No  
(circle one only)

## Section 4: Rules for Completion (of the Nomination Form)



1. Whangaroa Health Services Trust has appointed an independent returning officer. All nominations must be submitted directly to Jen Ritchie-Campbell, using the attached official nomination form.
2. Only residents that live in the Whangaroa District (refer to the attached map) may nominate other Whangaroa residents ("Nominees"). All nominees must provide evidence and sign the nomination form to declare they live in Whangaroa.
3. Residents may nominate themselves to stand for election.
4. The nomination form must also be signed by the Nominee (the person being nominated to stand for election), indicating his/her acceptance of the nomination. The nominee must submit all the required documentation and make all the necessary disclosures as indicated on the nomination form.
5. Failure to complete the nomination form, or the failure to provide all documentation requested as part of the nomination process, may render the nomination invalid.
6. For the purpose of vetting, the Nominee is required to submit an abridged curriculum vitae, identity documents and evidence of address.

### **RETURNING FORMS – By 4.00pm Monday 22nd November 2021**

The nomination form and above documents may be forwarded to the returning officer by:

E-mail:        [returningofficer.whst21@gmail.com](mailto:returningofficer.whst21@gmail.com)  
(original must be sighted prior to confirmation of nomination)

Or

Being placed in a sealed envelope clearly marked:

**Whangaroa Health Services Trust 2021 Trustee Election  
For the attention of Jen Ritchie-Campbell – Returning Officer**

and

Deposited in a Locked Box at either of the following Collection Locations

- Whangaroa Health Services Admin Office (Omaunu House), Omaunu Road, Kaeo
- Kaeo Library, Leigh Street, Kaeo

or

Posted to

- 180 Omaunu Road, Kaeo RD2 Northland