TE RŪNANGA O AOTEAROA
TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

Te Rūnanga o Aotearoa Nomination Form

To be used to nominate Te Rūnanga Members to positions including Te Poari, Colleges and Sections, and other Governance roles.

Section 1 (to be completed by two financial NZNO Te Rūnanga Members):

We, _____ and
_____,
(name of nominator) (name of seconder)

wish to nominate (name of nominee): _____

for the position of (title of position): _____

Statement in support of nominee:

Signature of first nominator:	***Signature of second nominator:***
NZNO #:	***NZNO #:***
Date:	***Date:***

Section 2 (to be completed by the nominee):

I accept this nomination for (role):
_____

Full name:
_____

Iwi and Hapū affiliations:
_____

Address:

Email: _____ Mobile #: _____

Signature: _____ NZNO #: _____

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Section 3: Experience:

1. *What is your understanding and experience with NZNO's Governance structures?*

2. *List any positions you have held on behalf of Te Rūnanga o Aotearoa?*

3. *Explain how active you have been within your Te Rūnanga rohe?*

4. *What are your aspirations for this role?*

Please attach a recent photograph, passport type or close-up preferable.

Please return the completed nomination form to the Returning Officer, Sharyne Gordon, emergency@nzno.org.nz NZNO, PO Box 2128, Wellington ***by 10 October 2026****. To be valid this form must be signed by the nominator, seconder and nominee.*

All must be current Te Rūnanga CENNZ members.