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**POLICY REMIT**

**RECEIVED FROM:**

*(Name of submitting group)*

**Rule Remit – Title:**

**Rule Remit – Recommendation:**

**Rationale:**

**Remits close** midday on Tuesday, 26 August 2025. Email all completed forms to primaryhealth@nzno.org.nz

*Please note that the groups reviewing your proposal will not have the benefit of the discussions that occurred
within your group.*

*Ensure the rationale clearly addresses the following:*

* *the reason for your remit*
* *what it seeks to achieve and*
* *the proposed policy remit.*

*In addition, please consider and clearly outline the potential consequences of the proposed amendment.*