

School Board Election NOMINATION FORM

Parent representative / Staff representative / Student representative (circle one)

School Name	
School profile Number	

This nomination paper should be posted or delivered to the Returning Officer at _____

so that it is received no later than noon on _____ (date nominations close)

Nominator Details

Full Name	
Address/Email	
Phone	
Signature	

NOTE: The nominator must be on the roll for the election, otherwise the nomination is invalid.

Candidate details

Full Name	
Email	
Phone	

Candidate declaration of eligibility

I declare that I have read and understand the ineligibility criteria for school board members, under clauses 9 and 10 of Schedule 23 of the Education and Training Act 2020, and declare that I am eligible to become a board member. I hereby consent to the above nomination and declare that all other information that I have listed on this form is true and correct.

Date	Signature of Candidate

Candidates are requested to complete the following on an optional basis*:

1. Gender: Female / Male / Gender Diverse (circle one)
2. Previous experience: (tick one)
 - Current representative standing for re-election
 - Current co-opted or appointed board member standing for election
 - Not a current member but have previously been a member of a school board
 - No previous board experience
 - Other
3. Ethnicity: Which ethnic group or groups do you identify with? (tick as appropriate)

<input type="checkbox"/> NZ Māori	<input type="checkbox"/> European (Including NZ European/Pākehā)	<input type="checkbox"/> Asian
<input type="checkbox"/> Pacific people	<input type="checkbox"/> Middle Eastern/Latin American/African (MELAA)	<input type="checkbox"/> Other

**This candidate information is collected by the Ministry of Education for statistical purposes only and will not be used in a manner in which you may be identified. This information is not required for valid nomination.*