KAITIAKI TRUSTEE PUKA TONO NOMINATION FORM GORE AND DISTRICTS HEALTH INC. 2025 ELECTIONS





Important Notes:

- 1. The front page of completed nomination forms are required to be available for public inspection at the Gore District Council office, Civic Administration Building, 29 Bowler Avenue, Gore.
- 2. Candidate name, email address and/or phone number details as provided in Section B will be made available from the council's website.
- 3. Nominator names may also be made available from the council's website.
- 4. In this form LEA = Local Electoral Act 2001 and LER = Local Electoral Regulations 2001

A TE ROHE PŌTI ELECTION AREA				
I wish to stand for the following election (Note - Tick one box only, candidates cannot stand for more than one Ward):				
Gore Ward	Clutha Ward	Southland Ward		
MĀ TE KAITONO CANDIDATE TO FILL OUT (after reading important information on reverse)				
I (candidate's full name),				
accept the nomination and confirm that I have read and understand the Eligibility and Candidacy notes on the reverse of this form and certify that I am qualified to be a candidate under section 25 of the Local Electoral Act 2001 and regulations and that I am not disqualified under section 58 of the Local Electoral Act 2001 or the provisions of the Trust Deed of the Gore and Districts Health Inc In particular, I reside within the Trust area, I am a New Zealand citizen and a parliamentary elector.				
Contact details (will be made available for public inspection):				
Phone No.:	Email Address:			
I am also standing for the following elections:				
I wish my name to be shown on the voting document as:				
I wish to use the following affiliation (to be left blank if the candidate does not wish to use any party / group affiliation. A candidate with no affiliation may request that 'independent' be shown. Maximum length is 38 characters (including any spaces between words)):				
Signature:		Date:		
C MĀ TE KAITAUTOKO NOMINATO	ORS TO FILL OUT			
We, the undersigned electors of the Gore a nominate the candidate listed in Section E which is to be held on 11 October 2025.	and Districts Health Inc. election area selecte B above with their consent, as a candidate fo	ed in Section A of this form hereby or the office of Trustee , the election for		
Full name of First Nominator:				
Residential Address:				
Phone No.:				
Signature of First Nominator:				
Full name of Second Nominator:				
Residential Address:				
Phone No.:				
Signature of Second Nominator:				

D CANDIDATE CONTACT DETAILS FOR THE ELECTORAL OFFICER/OFFICIAL					
These contact details will not be made public and will be used for election communication by the Electoral Officer/Official:					
Residential Address:					
(For the following 2 fields only complete if different from details listed in Section B of this form):					
Phone No.:	Phone No.: Email Address:				
ELIGIBILITY & CANDIDACY NO	OTES				
 1 Candidates for this position must be a New Zealand citizen and enrolled as a NZ parliamentary elector at an address within the election area indicated in Section A of this form. 2 Both nominators must be enrolled as electors of the election area selected in Section A of this form. 3 No person can be elected to a local authority if he/she is concerned or interested in contracts over \$25,000 with that local authority. This restriction is waived if prior approval from the office of the Controller and Auditor-General is obtained (section 3(1) Local Authorities (Members' Interests) Act 1968). 4 A candidate cannot nominate themselves for office. 5 Under section 121 of the LEA, any person is liable to a fine of up to \$2,000 who: (a) Knowing themselves to be ineligible for election, consents to being nominated for election; or (b) Nominates any person as a candidate whom he/she knows to be ineligible for election; or (c) Not being the candidate signs any nomination paper knowing that they are not qualified to vote at the election. A candidate may, in accordance with section 61 of the LEA and clauses 26 to 29 of the LER, provide a candidate profile statement and/or a recent photograph for dispatch to electors with the voting documents. For further information about candidate profile statements please refer to the Candidate Profile section of the Candidate Handbook for this election. 7 Each nomination must be accompanied by the required deposit of \$200.00 (inclusive of GST) or proof of an electronic deposit. 8 Evidence of NZ citizenship is required at the time of candidate nomination. Acceptable evidence includes a copy of a NZ passport, NZ birth certificate or NZ citizenship is candidates must be in the hands of the Electoral Officer, Gore District Council, before 12 noon on Friday 1 August 2025. 					
RETURN, PAYMENT AND REF	RETURN, PAYMENT AND REFUND DETAILS				
I submit with this nomination (please tick appropriate circles): Evidence of NZ citizenship Evidence of deposit Photo Profile statement I understand that if I do not provide a profile or photo, the words "Profile/Photo not supplied" will appear below my name in the					
profile booklet that will be sent out with the voting paper.					
Deliver to (do not post): Gore District Council, Civic Administration Building, 29 Bowler Avenue, Gore					
Or, scan and email to: elections@goredc.govt.nz					
Payments can be made by cash or eftpos directly at the Gore District Council office at Civic Administration Building, 29 Bowler Avenue, Gore, if you are returning this form by hand or by online banking using the details provided below:					
Account name:	Gore District Council	Bank:	Westpac		
Account number:	03-0915-0289519-01	Particulars/reference:	2025 Elections		
Code:	(Your initials and surname)				
Refunds of Nomination Deposits Where eligible, refunds of nomination deposits will be made by online deposit into your nominated bank account. Please provide either a bank deposit slip or verification of your bank account for the processing of your refund. Verification can be a screen shot from online banking or from the top of a bank statement, and must include the bank logo, the account name and the bank a/c number.					
ELECTORAL OFFICIAL TO FILL	OUT				
Received at the hour of:	on the	day of	20		
Candidate roll #:					
First nominator roll #:		Second nominator roll #:			
Nomination documents approved:	Nomination paper Photo Standing for other elections	Deposit/proof of deposit Profile statement Deposit refund verification	Place of residence Proof of NZ citizenship		

Date:

Signature of Electoral Official: