

### A: 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 declare I am qualified to be a candidate by:

- being a NZ citizen **and** a NZ parliamentary elector, and I have not been;
- removed as a DHB member since the 2016 election under the provisions of Schedule 2 of the NZ Public Health & Disability Act 2000, or;
- failed to declare a material conflict of interest before accepting nomination as a candidate at the last election, and;
- I am not subject to a property order made under section 31 of the Protection of Personal and Property Rights Act 1988.

**Address** (*as listed on the parliamentary roll*):

**Email** (*EO's preferred first point of contact*):

**Mobile phone:**

**Home phone:**

I understand that the details provided on this nomination paper will be publicly available for election purposes.

**Please advise the Electoral Officer at the time of lodging your nomination if there are contact details that you would not like to be published.**  
**Note:** Section 55(5) of the Local Electoral Act 2001 requires that this nomination form be available for public inspection at the **Electoral Office, Arapaki Manners Library and Service Centre, Wellington City Council** located at **12 Manners Street, Wellington**. Please note that candidate and nominator details provided on this form may also be available from the **Capital & Coast District Health Board** website.

I submit with this nomination (*please tick appropriate circles*):

Evidence of deposit (\$200)

Photo

Profile statement

Conflict of interest statement

Evidence of NZ citizenship (*acceptable evidence includes NZ Passport, NZ Birth Certificate, NZ Citizenship documentation*).

I understand that, in not providing a profile or photo, the words "*Profile/Photo not supplied*" will appear below my name in the profile sheet that will be sent out with the voting paper. **All nomination documents must be submitted at the same time.**

My principal place of residence (*tick ONE circle*):

is **WITHIN** the Capital & Coast District Health Board area

is **NOT WITHIN** the Capital & Coast District Health Board area

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*):

**Signature:**

**Date:**

### B: NOMINATORS to fill out

We, the undersigned electors of **Capital & Coast District Health Board** hereby nominate (*candidate's full name*):

with his/her consent, as a candidate for the office of **Member** for the **Capital & Coast District Health Board**, the election for which is to be held on 12 October 2019.

Full name of **First Nominator**:

Address:

Mobile phone:

Home phone:

Signature of **First Nominator**:

**Date:**

Full name of **Second Nominator**:

Address:

Mobile phone:

Home phone:

Signature of **Second Nominator**:

**Date:**

## ELIGIBILITY AND CANDIDACY NOTES

- 1 Candidates for the position of Member of the Capital & Coast District Health Board do not need to live within the Capital & Coast District Health Board area, but must be enrolled as a parliamentary elector.
- 2 Both nominators must be enrolled as electors in the Capital & Coast District Health Board area.
- 3 A candidate cannot nominate themselves for office.
- 4 A candidate cannot stand for more than one District Health Board.
- 5 A candidate cannot be a person listed under S30(2) of the Crown Entities Act 2004; namely:
  - (a) a person who is an undischarged bankrupt;
  - (b) a person who is prohibited from being a director or promoter of, or being concerned or taking part in the management of, an incorporated or unincorporated body under the Companies Act 1993, or the Financial Markets Conduct Act 2013, or the Takeovers Act 1993
  - (c) a person who is subject to a property order under the Protection of Personal and Property Rights Act 1988
  - (d) a person in respect of whom a personal order has been made under that Act that reflects adversely on the person's:
    - (i) competence to manage his or her own affairs in relation to his or her property; or
    - (ii) capacity to make or to communicate decisions relating to any particular aspect or aspects of his or her personal care and welfare.
  - (e) a person who has been convicted of an offence punishable by imprisonment for a term of 2 years or more, or who has been sentenced to imprisonment for any other offence, unless that person has obtained a pardon, served the sentence, or otherwise suffered the penalty imposed on the person
  - (f) a member of Parliament
  - (g) a person who is disqualified under another Act.
- 6 A candidate may under section 56 of the Local Electoral Act be nominated under a name which the candidate is commonly known provided that the name will not cause offence to a reasonable person, be unreasonably long, include or resemble an official rank or title or cause confusion or mislead electors.
- 7 Where no affiliation is claimed, or an affiliation is disallowed by the Electoral Officer under section 57 of the LEA, nothing will be shown in the public notice or the voting paper against the candidate's name. A candidate with no affiliation may request that 'Independent' be shown.
- 8 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.
- 9 Evidence of NZ citizenship is required when submitting a nomination. Acceptable evidence includes NZ Passport, NZ Birth Certificate or NZ Citizenship documentation.
- 10 Nominations of candidates must be in the hands of the Electoral Officer/Official before 12 noon on the 16 August 2019.

## RETURN, PAYMENT AND REFUND DETAILS

|                            |                                                                                                                         |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Return by:</b> post to: | The Electoral Officer, Capital & Coast District Health Board, C/- Wellington City Council, PO Box 2199, Wellington 6140 |
| or, deliver to:            | Electoral Office, Arapaki Manners Library and Service Centre, Wellington City Council, 12 Manners Street, Wellington    |
| or, scan and email to:     | dominic.tay@wcc.govt.nz                                                                                                 |

Payments can be made by **cash** or **eftpos** directly to the Capital & Coast District Health Board Electoral Officer, C/- Wellington City Council, Arapaki Manners Library and Service Centre, 12 Manners Street, Wellington if you are returning this form by hand, or by **online banking** using the details provided below:

|                 |                         |                        |           |
|-----------------|-------------------------|------------------------|-----------|
| Account name:   | Wellington City Council | Bank:                  | BNZ       |
| Account number: | 06 0582 0106111 000     | Particulars/Reference: | CCDHB Dep |
| Code:           | (Your surname)          |                        |           |

Refunds will be made by online direct deposit into a bank account of your choosing:

|                 |           |
|-----------------|-----------|
| Account name:   |           |
| Account number: | - - - - - |

**Nominations must be in the hands of the Electoral Officer before 12 noon, Friday 16 August 2019.**

All nomination documents **must** be submitted at the same time. For assistance phone the tollfree helpline: **0800 666 048**

## 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:           | <input type="radio"/> | Nomination paper        | <input type="radio"/>    | Deposit/proof of deposit       | <input type="radio"/> | Place of residence           |
|                                          | <input type="radio"/> | Photo                   | <input type="radio"/>    | Profile statement              | <input type="radio"/> | Standing for other elections |
|                                          | <input type="radio"/> | Proof of NZ citizenship | <input type="radio"/>    | Conflict of interest statement |                       |                              |
| Signature of <b>Electoral Official</b> : |                       |                         |                          |                                | Date:                 |                              |