



WAIROA YOUTH COUNCIL - COUNCILLOR

WAIROA YOUTH COUNCIL 2021 NOMINATION FORM

A: CANDIDATE to fill out

I (*candidate's full name*)

Accept the nomination for my name to be put forward to be a **Councillor** on the **Wairoa Youth Council**. I confirm that I have read and understand the **Wairoa Youth Council Terms of Reference** which can be found attached to this form AND certify that I am qualified to be a candidate based on the attached Terms of Reference.

Address:

Email (*Council's preferred point of contact*):

Mobile Phone:

Home Phone:

Gender:

Female Male Other

Date of Birth:

____/____/____

I understand that my application regardless of outcome, will be held within the Wairoa District Council archives in line with Wairoa District Council's records and archives policies.

I put my name forward to represent the following localities
(please tick those that apply):

- Wairoa Township
- North Clyde (Township North)
- Raupunga/Mōhaka (Southern Wairoa)
- Frasertown/ Te Reinga (Northern Wairoa)
- Tuai/Waikaremoana (Lakes)
- Iwitea/Whakakī (Eastern Wairoa)
- Nūhaka/Mōrere
- Mahia

I certify that the information submitted above in this application is correct and true to the best of my knowledge.

Signature:

Date:

____/____/____

B: NOMINATORS to fill out

We, the undersigned electors of **Wairoa District Council** hereby nominate (*candidate's full name*):

With his/her consent, as a candidate for the office of **Councillor** of the **Wairoa Youth Council** for the remainder of the current triennium.

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:

____/____/____

PLEASE TURN OVER

