

WORKPLACE DELEGATE FORM



IMPORTANT, PLEASE READ:

- Nominees, nominators, and seconders must be financial members of the PSA.**
- Complete all applicable parts of this form. Fold, seal, and post. No stamp required. OR scan/email to **DELEGATE@PSA.ORG.NZ**

Confirmation of election

 I confirm that I have been elected as a Workplace Delegate by members of my workplace

Employer	
Site/Dept	
Site address	

Delegate information

Full name				I identify as Māori <input type="checkbox"/>
Work email		Mobile # <small>If no mobile phone, please provide preferred land line</small>		
Home email		Membership number		
Home address				

Nominator information

Name	
Membership number	
Signature	

Secunder information

Name	
Membership number	
Signature	

Delegate you are replacing (if applicable)

Name		Membership number	
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Commitment

- I accept the nomination as Worksite Delegate.
- I will do my best to become an effective PSA delegate.
- I will attend delegate training provided by PSA.
- I will attend workplace meetings.
- I will demonstrate a commitment to PSA and promote and uphold PSA policies
- I agree that my details may be shared with other PSA delegates for the purposes of furthering PSA aims and objective.

Signature

Date

NATIONAL ENTERPRISE DELEGATE FORM



IMPORTANT, PLEASE READ:

- Nominees, nominators, and seconders must be financial members of the PSA.**
- Complete all applicable parts of this form. Fold, seal, and post. No stamp required. OR scan/email to **DELEGATE@PSA.ORG.NZ**

Confirmation of election

 I confirm that I have been elected as a national delegate by delegates of my enterprise.

Employer	
Site/Dept	
Site address	

Delegate information

Full name				I identify as Māori <input type="checkbox"/>
Work email		Mobile # <small>If no mobile phone, please provide preferred land line</small>		
Home email		Membership number		
Home address				

Nominator information

Name	
Membership number	
Signature	

Secunder information

Name	
Membership number	
Signature	

Delegate you are replacing (if applicable)

Name		Membership number	
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Commitment

- I accept the nomination as National Enterprise Delegate.
- I will do my best to become an effective PSA delegate.
- I will attend delegate training provided by PSA.
- I will attend workplace meetings.
- I will demonstrate a commitment to PSA and promote and uphold PSA policies
- I agree that my details may be shared with other PSA delegates for the purposes of furthering PSA aims and objective.

Signature

Date

SITE RŪNANGA DELEGATE FORM



IMPORTANT, PLEASE READ:

- Nominees, nominators, and seconders must be financial members of the PSA and identify as Māori.**
- Complete all applicable parts of this form. Fold, seal, and post. No stamp required. OR scan/email to **DELEGATE@PSA.ORG.NZ**

Confirmation of election

 I confirm that I have been elected as a Rūnanga delegate by Māori members of my workplace

Employer	
Site/Dept	
Site address	

Delegate information

Full name				I identify as Māori	<input type="checkbox"/>
Work email		Mobile #	<small>If no mobile phone, please provide preferred land line</small>		
Home email		Membership number			
Home address					

Nominator information

Name					I identify as Māori	<input type="checkbox"/>
Membership number						
Signature						

Secunder information

Name					I identify as Māori	<input type="checkbox"/>
Membership number						
Signature						

Delegate you are replacing (if applicable)

Name		Membership number	
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Commitment

- I accept the nomination as Māori Rūnanga Delegate.
- I will do my best to become an effective PSA delegate.
- I will attend delegate training provided by PSA.
- I will attend workplace meetings.
- I will demonstrate a commitment to PSA and promote and uphold PSA policies
- I agree that my details may be shared with other PSA delegates for the purposes of furthering PSA aims and objective.

Signature

Date

HINONGA MĀNGAI MĀORI DELEGATE FORM



IMPORTANT, PLEASE READ:

- Nominees, nominators, and seconders must be financial members of the PSA and identify as Māori.**
- Complete all applicable parts of this form. Fold, seal, and post. No stamp required. OR scan/email to **DELEGATE@PSA.ORG.NZ**

Confirmation of election

 I confirm that I have been elected as a Hinonga Māngai Māori by Māori members of my workplace

Employer	
Site/Dept	
Site address	

Delegate information

Full name				I identify as Māori	<input type="checkbox"/>
Work email		Mobile #	<small>If no mobile phone, please provide preferred land line</small>		
Home email		Membership number			
Home address					

Nominator information

Name					I identify as Māori	<input type="checkbox"/>
Membership number						
Signature						

Secunder information

Name					I identify as Māori	<input type="checkbox"/>
Membership number						
Signature						

Delegate you are replacing (if applicable)

Name		Membership number	
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Commitment

- I accept the nomination as Hinonga Māngai Māori
- I will do my best to become an effective PSA delegate.
- I will attend delegate training provided by PSA.
- I will attend workplace meetings.
- I will demonstrate a commitment to PSA and promote and uphold PSA policies
- I agree that my details may be shared with other PSA delegates for the purposes of furthering PSA aims and objective.

Signature

Date

PASEFIKA WORKPLACE DELEGATE FORM



IMPORTANT, PLEASE READ:

- Nominees, nominators, and seconders must be financial members of the PSA and identify as Pacific Islander.**
- Complete all applicable parts of this form. Fold, seal, and post. No stamp required. OR scan/email to **DELEGATE@PSA.ORG.NZ**

Confirmation of election

I confirm that I have been elected as a workplace delegate by Pasefika members

Employer	
Site/Dept	
Site address	

Delegate information

Full name				I identify as Pacific Islander <input type="checkbox"/>
Work email		Mobile # <small>If no mobile phone, please provide preferred land line</small>		
Home email		Membership number		
Home address				

Nominator information

Name				I identify as Pacific Islander <input type="checkbox"/>
Membership number				
Signature				

Seconder information

Name				I identify as Pacific Islander <input type="checkbox"/>
Membership number				
Signature				

Delegate you are replacing (if applicable)

Name		Membership number	
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Commitment

- I accept the nomination as Pasefika Delegate.
- I will do my best to become an effective PSA delegate.
- I will attend delegate training provided by PSA.
- I will attend workplace meetings.
- I will demonstrate a commitment to PSA and promote and uphold PSA policies
- I agree that my details may be shared with other PSA delegates for the purposes of furthering PSA aims and objective.

Signature

Date

VĀ MOANA DELEGATE FORM

Pasefika enterprise delegate



IMPORTANT, PLEASE READ:

- Nominees, nominators, and seconders must be financial members of the PSA and identify as Pacific Islander.**
- Complete all applicable parts of this form. Fold, seal, and post. No stamp required. OR scan/email to **DELEGATE@PSA.ORG.NZ**

Confirmation of election

I confirm that I have been elected as a Vā Moana enterprise delegate by Pasefika members of my workplace

Employer	
Site/Dept	
Site address	

Delegate information

Full name				I identify as Pacific Islander <input type="checkbox"/>
Work email		Mobile # <small>If no mobile phone, please provide preferred land line</small>		
Home email		Membership number		
Home address				

Nominator information

Name				I identify as Pacific Islander <input type="checkbox"/>
Membership number				
Signature				

Secunder information

Name				I identify as Pacific Islander <input type="checkbox"/>
Membership number				
Signature				

Vā Moana delegate you are replacing (if applicable)

Name		Membership number	
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Commitment

- I accept the nomination as Vā Moana Delegate.
- I will do my best to become an effective PSA delegate.
- I will attend delegate training provided by PSA.
- I will attend workplace meetings.
- I will demonstrate a commitment to PSA and promote and uphold PSA policies
- I agree that my details may be shared with other PSA delegates for the purposes of furthering PSA aims and objective.

Signature

Date