WORKPLACE DELEGATE FORM



IMPORTANT, PLEASE READ:

Signature

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

Employer						
Site/Dept						
Site address						
Delegate in	formation					
Full name					l identify as Māori	
Work email				Mobile # If no mobile phone, please provide preferred land line		
Home email				Membership number		
Home address						
Nominator	information					
Name						
Membership nu	umber					
Signature						
Seconder ir	nformation					
Name						
Membership nu	ımber					
Signature						
Delegate yo	ou are replacing	g (if applicable)			
Name				Membership number		
		Cor	nmitn	nent		
 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 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. 						es

NATIONAL ENTERPRISE DELEGATE FORM



IMPORTANT, PLEASE READ:

1. Nominees, nominators, and seconders must be financial members of the PSA.

Signature

2. Complete all applicable parts of this form. Fold, seal, and post. No stamp required. OR scan/email to **DELEGATE@PSA.ORG.NZ**

Confirmati	on of e	election	I confirm tha	t I have been ele	ected	as a national delegate by delegate	s of my enterprise.
Employer							
Site/Dept							
Site address							
Delegate in	nforma	tion					
Full name							l identify as Māori
Work email						Mobile # If no mobile phone, please provide preferred land line	
Home email						Membership number	
Home address							
Nominator	rinforn	nation					
Name							
Membership n	umber						
Signature							
Seconder i	nforma	ation					
Name							
Membership nu	umber						
Signature							
Delegate yo	ou are	replacing	g (if appli	icable)			
Name						Membership number	
I will do myI will attend	y best to be d delegate	on as Nationa ecome an effe training provi ce meetings.	ective PSA de	legate.	I will upho I agr	demonstrate a commitment to old PSA policies ee that my details may be share he purposes of furthering PSA	ed with other PSA delegates
1 WIII accent	a workpiac	e meetings.			101 ti	The part poses of furthering 1 3A	anno and objective.

SITE RÜNANGA DELEGATE FORM



IMPORTANT, PLEASE READ:

- 1. Nominees, nominators, and seconders must be financial members of the PSA and identify as Māori.
- 2. 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	been elected as a Rūn	anga delegate by Māori m	nembers of my workplace	
Employer					
Site/Dept					
Site address					
Delegate inform	ation				
Full name				l identify as Māori	
Work email		Mobile	# If no mobile phone, please provide preferred land line		
Home email		Memb	ership number		
Home address					
Nominator info	rmation				
Name				l identify as Māori	
Membership number					
Signature					
Seconder inforn	nation				
Name				l identify as Māori	
Membership number					
Signature					
Delegate you ar	e replacing (if applicabl	e)			
Name		Memb	ership number		
		•			
 I will do my best to 	nation as Māori Rūnanga Delegate. become an effective PSA delegate. te training provided by PSA.	uphold PSA • I agree that i	policies	o PSA and promote and ed with other PSA delegat aims and objective.	es
Signature			Date		

HINONGA MĀNGAI MĀORI DELEGATE FORM



IMPORTANT, PLEASE READ:

Signature

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

Employer												
Site/Dept												
Site address												
Delegate in	forma	tion										
Full name											l identify as Māori	
Work email							Mo	obile #	If no mobile phone, please provide preferred land line			
Home email							Me	embers	ship number			
Home address												
Nominator	infor	nation									l identify as Māori	_ _
Name Membership no	umbor										Tidentily as Maori	<u>Ш</u>
Signature	uniber											
Seconder i	nform	ation										
Name											l identify as Māori	
Membership nu	umber											
Signature												
Delegate yo	ou are	replaci	ng (if	appli	cable	e)						
Name							Me	embers	ship number			
					Co	mm	itmer	nt				
 I will do my 	best to be delegate	tion as Hinc ecome an e training process ce meetings	ffective I ovided by	PSA dele			uphold I agree t	PSA po hat my	licies	arec	PSA and promote and with other PSA delegate	S

PASEFIKA WORKPLACE DELEGATE FORM



IMPORTANT, PLEASE READ:

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

Employer								
Site/Dept								
Site address								
Delegate in	forma	tion						
Full name						I identify as P	acific Islander	
Work email				٨	Nobile # If no mobile phone, please provide preferred land line			
Home email				٨	Membership number			
Home address								
Nominator	inforr	nation						
Name						I identify as P	acific Islander	
Membership nu	ımber							
Signature								
Seconder in	ntorma	ition						
Name						I identify as F	acific Islander	
Membership nu	ımber							
Signature								
Delegate yo	u are	replacing (if ap	plicable)					
Name				٨	Membership number			
				•				
			Comm	nitme	ent			
 I accept the 	e nominat	ion as Pasefika Delegate			emonstrate a commitmen	t to PSA and p	romote and	
 I will do my best to become an effective PSA delegate. uphold PSA policies 								
		American and a second state of the DC	 I will attend delegate training provided by PSA. I will attend workplace meetings. I agree that my details may be shared with other PSA delegates for the purposes of furthering PSA aims and objective. 					

Signature

VĀ MOANA DELEGATE FORM



Pasefika enterprise delegate

IMPORTANT, PLEASE READ:

- 1. Nominees, nominators, and seconders must be financial members of the PSA and identify as Pacific Islander.
- 2. 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	e been elected as a Vā Moana enterprise delega	ite by Pasefika members of my workplace
Employer			
Site/Dept			
Site address			
Delegate inform	ation		
Full name			I identify as Pacific Islander
Work email		Mobile # If no mobile phone, please provide preferred land line	
Home email		Membership number	
Home address			
Nominator info	rmation		
Name			I identify as Pacific Islander
Membership number			
Signature			
Seconder inforn	nation		
Name			I identify as Pacific Islander
Membership number			
Signature			
√ā Moana deleg	ate you are replacing (if	applicable)	
Name		Membership number	
		•	
 I will do my best to 	ation as Vā Moana Delegate. become an effective PSA delegate. te training provided by PSA.	 I will demonstrate a commitment uphold PSA policies I agree that my details may be she for the purposes of furthering PS. 	ared with other PSA delegates
Signature		Date	