

# 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 .....

# 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 .....

# 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 .....

# 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 .....