



Hauora  
Hokianga  
Hokianga  
Health

## TRUSTEE NOMINATION FORM 2020

I, \_\_\_\_\_ , \_\_\_\_\_  
*Name in full of person nominated* *Phone number*

\_\_\_\_\_  
*Address* *e-mail*

reside in the Hokianga and I accept nomination as a Trustee of the Hokianga Health Enterprise Trust for the \_\_\_\_\_ clinic area.

\_\_\_\_\_  
*Signature* *Date*

Nominated by:

1. \_\_\_\_\_  
*Name in full* *Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_

2. \_\_\_\_\_  
*Name in full* *Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_

Notes:

- The ten clinic areas are: Rawene, Mangamuka, Omapere, Broadwood, Waimamaku, Kohukohu, Taheke, Panguru, Horeke and Pawarenga
- The two people making nomination must reside in the specified clinic area
- All completed nomination forms must be received at the offices of Hokianga Health Enterprise Trust, Parnell St, Rawene by **Friday 25 September 2020**. By post: Hokianga Health Enterprise Trust, Private Bag 753, Kaikohe, attention Gina Selwyn. Or email to [gina.selwyn@hokiangahealth.org.nz](mailto:gina.selwyn@hokiangahealth.org.nz) or handed in personally to Administration Department, Hokianga Hospital Rawene