

Nomination Form – Board Member

The PodiatryNZ Rules relating to the composition and election of Board Members are provided in Appendix 1.

The next term for Board Membership is November 2022 - October 2024

PodiatryNZ Board Members are elected annually to serve from AGM to AGM and have a continuing right of re-election. Nominations are called for the Board from the membership. Nominations must be made on this form, signed by the nominee, a nominator and a seconder.

Both the nominator and the seconder must be financial members of PodiatryNZ.

Nominations must be received by 5.00PM, October 3, 2022

Please post to PO Box 2001, Paraparaumu, 5225 or scan and email to alison@podnz.org

I, (name) _____

(signed) _____ - have been nominated by the following members for a Board position. Please accept this form as indication of my willingness to stand. I have reviewed the PodiatryNZ Governance Handbook, and understand the roles and responsibilities outlined in the document.

I, (name of nominator) _____

(signed) _____

a financial member of PodiatryNZ nominate, (name of nominee) _____

and

I, (name of seconder) _____

(signed) _____

a financial member of PodiatryNZ second, the above nomination.

Please complete and return the following nomination information.

Nominations must be received by 5.00PM, October 3, 2022

Nomination Information

Name of Nominee	
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Information to be supplied by the Nominee – this information will accompany the voting information sent to members:

<p><u>Qualifications:</u></p> <p>List any relevant qualifications in support of your nomination.</p>	
<p><u>Work Experience:</u></p> <p>Identify recent relevant experience indicating your understanding of the podiatry profession.</p> <p>Word Limit 100</p>	
<p><u>Other Experience:</u></p> <p>Highlight any other experience you have relevant to your nomination. (Company, Board, Club or Association involvement)</p> <p>Word Limit 100</p>	
<p><u>Personal Statement:</u></p> <p>Please provide a written statement briefly explaining why you would like to hold the position (no more than 150 words).</p>	

Personal Attributes:

Please answer YES/NO to the following questions. If the answer is yes, please provide details.

Have you ever been declared a bankrupt, fined, penalised or subject to an enquiry about your capacity as a Director or Officer?

Have you ever had Directors and Officers Liability insurance refused (including renewal) cancelled, or an application or proposal declined, or had special terms imposed?

Has there been, or are there any circumstances which exist, that may give rise to a claim against you in your capacity as a Director or Officer of any company, organisation, association or trust?

Appendix 1

Rules relating to the composition and election of the PodiatryNZ Board.

Election of Officers / Kowhiringa Poti O Nga Apiha Board

- iii. The Board may consist of up to seven Members as follows:
- iv. Three Members elected as Board members by the Members of the Association in accordance with Rule 7.
- v. One Podiatrist Maori representative. A Maori representative body (recognised by the Board), shall determine their processes for selecting their representative.
- vi. The Board may co-opt additional Board members with or without full voting rights provided that at no time there shall be more than two such co-opted Board members. The term of appointment will be until the following AGM unless the Board specifies a shorter period or rescinds their appointment. A person may be co-opted because they bring particular aptitude to the Board and such person(s) may or may not be a current Member.
- vii. No person may be a member of the Board for more than six consecutive years, they may nominate for a further Board position after a two year stand down period.