# Nomination form for Directors

# 2024 RNZFB Board Elections

Please read the nomination information document carefully before completing this form.

You may elect Directors to the Royal New Zealand Foundation of the Blind’s (RNZFB) Board of Directors.

This form may be completed by either the person wishing to stand for election (**the nominee**) or the person nominating them (**the nominator**).

Nominees do not need to be RNZFB members, but their nominations **must** be supported by **two** proposers who are RNZFB members.

## Details of person being nominated

Full name of nominee: ……………………………………………………………………

……………………………………………………………………

Residential address: …………………………………………………………………………………………………………………………………………

Postal address (if different): ……………………………………………………………………

……………………………………………………………………

Home phone: ………………………………………………….

Business phone: .......………………………………..……….

Mobile: …………………………………………………………

E-mail address: ……………………………………………….

## Consent

I (name) ……………………………………………… consent to this nomination and to becoming a Director if elected. I also consent to the following points:

* I am not disqualified from being nominated or elected for any of the reasons set out in the RNZFB Constitution.
* I have familiarised myself with the terms of the RNZFB Constitution and undertake to the RNZFB and its members that, if elected, I agree to be bound by the responsibilities, obligations and liabilities of Directors contained in the RNZFB Constitution or by statute or any principles of law.
* I have attached my personal profile (**maximum 300 words**) and separate snapshot of board capabilities (**maximum 60 words**), which may be used for the purposes of an election.

I wish to receive material from Blind Low Vision NZ in the following format: (please circle your preference)

* normal print
* large print
* Braille
* electronic

Signature: ……………………………………………………..

Date: …………………………………………………………..

# Proposers

The nomination must be supported by two proposers, both RNZFB members.

## This nomination is proposed by:

Name: …………………………………………………………..

Address: ………………………………………………………...

……………………………………………………………………

I confirm that I am a Member of the RNZFB.

Signature: ………………………………………………………

Date: ……………………………………………………………

## This nomination is proposed by:

Name: …………………………………………………………..

Address: ………………………………………………………...

……………………………………………………………………

I confirm that I am a member of the RNZFB.

Signature: ………………………………………………………

Date: …………………………………………………………….

# Key points for consideration

The accompanying nomination information document sets out key points and suggested capabilities required of Directors of the RNZFB.

* This nomination form is for a nomination for a seat on the RNZFB Board.
* A separate nomination form must be completed in respect of each person nominated.
* The personal profile to accompany this nomination should outline the nominee's background and the reasons why the nominee wishes to become a Director of the RNZFB. It must be in narrative (rather than tabular) form and **must not exceed 300 words** excluding the nominee’s contact information.
* The RNZFB will not correct typos or errors in the personal profile – this is the responsibility of the nominee. If the profile is longer than the 300 words prescribed, it will be cropped at that point before being circulated to voters. The RNZFB will not accept responsibility for any consequences of such editing.
* The snapshot of board capabilities to accompany this nomination should outline the nominee’s abilities, attributes, skills and knowledge that the candidate would bring to the board table using a **maximum of 60 words**. Please be aware that the snapshot will be cropped at 60 words and the RNZFB will take no responsibility for such editing.
* Should you require a copy of the RNZFB’s Constitution, please call the Contact Centre on **0800 24 33 33**. Alternatively you can read it on our website by visiting <https://blindlowvision.org.nz/about-us/who-we-are/governance/> or you can listen on the Telephone Information Service (TIS) Menu Option **3 1 5**.

This form must be with the RNZFB no later than **4:00pm on Friday 20 September 2024**.

**Please send your nomination to:**

**By email:** [boardsecretary@blindlowvision.org.nz](mailto:boardsecretary@blindlowvision.org.nz)

**By post:**

Returning Officer

The Royal New Zealand Foundation of the Blind

Private Bag 99941

Newmarket 1149

Auckland