

# MĀORI WARDEN APPLICATION FORM



Attach photo here

## APPLICANT

Please tick where appropriate:  New Appointment

Re-Appointment – Badge Number

First Name

Last Name

Date of Birth

/

/

Gender

Residential Address

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Town/City

Contact Number (    )

Email

Iwi or Hapū

The following information is important, please read carefully:

**Privacy Statement:** The information that you provide at the time of submitting this form will be held by Te Puni Kōkiri and will be used to advise the Minister for Māori Development of your application to become a Māori Warden or the Chief Executive of Te Puni Kōkiri of your application to be re-appointed as a Māori Warden. This assessment process may require Te Puni Kōkiri to share or verify the information you have provided with the relevant District Māori Council or the submission group. You have the right at any given time to update or correct your information with Te Puni Kōkiri or to request a copy of your information held by Te Puni Kōkiri by contacting us at PO Box 3943, Wellington 6140.

**In signing this application, I declare that:**

- I have read and understood the above Privacy Statement of Te Puni Kōkiri;
- To the best of my knowledge, the information contained in my application is true and accurate;
- There exists no undeclared conflicts of interest for me;
- I reside in the district to which my application relates;
- There is no adverse reason why I cannot carry out the duties of a Māori Warden in my community; and
- If this application is approved, I accept the position of a Māori Warden.

Signature of Applicant

Date

/

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# SUBMISSION GROUP SUPPORT

The applicant named has applied to be a new or reappointed Māori Warden for a term of three years in accordance with Section 7 of the Māori Community Development Act 1962.

Submission Group

The submission group confirms that an authorised individual NZ Police or Ministry of Justice vetting process of the applicant has been undertaken and confirm that no adverse information was found which would prevent the applicant from undertaking the Māori Warden role. The submission group will ensure that the applicant is made aware of their obligations whilst on duty as a Māori Warden.

Name

Position

Email Address

Contact Number (    )

Signature

Date    /    /

# DISTRICT MĀORI COUNCIL NOMINATION

The  District Māori Council nominates the named applicant to be appointed as a Māori Warden by the Minister for Māori Development, or re-appointed by the Chief Executive of Te Puni Kōkiri, within our District boundaries.

Chairperson (Or delegated authority)

Signature

Date    /    /

Notes

Send to:

Māori Wardens Administrator, Te Puni Kōkiri, P.O Box 3943, Wellington 6140