



ARCHDIOCESE OF WELLINGTON

NOMINATION FORM FOR ARCHBISHOP'S APPOINTMENT TO

THE BOARD OF _____ SUBURB/TOWN _____

To be completed by the person nominated.

Name: _____

Title (Mr, Mrs, Ms, Fr, Sr, Br) _____

Address: _____

Postal Code: _____

Phone: (Home) _____

(Work) _____

(Mobile) _____

Email: _____

Occupation: _____

Background: e.g. Parish involvement, skills, qualities applicable to the role:

- I have read and accept the responsibilities of a Bishop's appointee.
- I have read and understand the ineligibility criteria for school trustees, under Education and Training Act 2020 and declare that I am eligible to become a trustee and have duly signed the Eligibility Attestation form (as attached). I hereby declare that all other information that I have listed on this form is true and correct.

Signed: _____ Date: _____

Principal's Signature: _____

Parish Priest/Lay Pastoral Leader's Signature: _____

Return to: Kelly Ross, Vicar for Education
Archdiocese of Wellington
PO Box 1937, Wellington 6140
Email: k.ross@wn.catholic.org.nz