

Application Form to become a Youth MP

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____

Please answer the following questions.

(Total 500 words maximum).

- 1 Why do you want to be a Youth MP?
- 2 What do you think are the most important issues for young people in the Kapiti/Horowhenua region?
- 3 What attributes and skills do you have that will make you an effective Youth MP? How will you stand out and make a difference amongst other Youth MPs?

I understand that if I am short-listed I will present my ideas in an interview with Hon Nathan Guy.

Signed: _____

Date: _____

(To obtain further information please email:
nathanguykapiti@parliament.govt.nz, phone 04 298 2906. Please forward application to: Hon Nathan Guy, Paraparaumu Electorate Office, Shop 3, Brazier Building, 23 Amohia Street, Paraparaumu or email to nathanguykapiti@parliament.govt.nz