

**NOMINATION FORM FOR NZ COLLEGE OF CRITICAL CARE NURSES  
NATIONAL COMMITTEE (..... Region)**

(Please print clearly)

I, ..... wish to nominate

.....  
(Surname)

.....  
(Given Name)

for the position of Committee Member NZ College of Critical Care Nurses.

Signed: ..... Date:.....

This section to be completed by Nominee

I, ..... accept nomination as Committee Member of  
the NZ College of Critical Care Nurses.

Address (Personal)

Address (Business)

.....  
.....  
.....

.....  
.....  
.....

Ph/Fax: .....

Ph/Fax:.....

E-mail: .....

E-mail:.....

Area of current work: .....

NZNO Membership No.: .....

Length of time as member of the NZ College of Critical Care Nurses: .....

Work Experience, including level of responsibility:

.....  
.....  
.....

Explain briefly why you think you are suitable for this position (if relevant include previous committee experience)

.....  
.....  
.....  
.....

Signature ..... Date .....

Please return the completed nomination form to: NZCCCN Administrator, Sharyne Gordon, [sharyne.gordon@nzno.org.nz](mailto:sharyne.gordon@nzno.org.nz),  
NZNO, P O Box 2128, Wellington 6140 by **5pm 1<sup>st</sup> April 2022**

**To be valid this form must be signed by both parties and be received by the closing date**