



NEW ZEALAND
NURSES
ORGANISATION

TŌPŪTANGA
TAPUHI
KAITIAKI O AOTEAROA

EXPRESSION OF INTEREST (EOI) TO JOIN THE NZ COLLEGE OF CRITICAL CARE NURSES COMMITTEE

I, _____ wish to submit
an Expression of Interest (EOI) to join the committee of 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 a member of the College _____

Work experience, include level of responsibility _____

Briefly explain what inspired you to submit an EOI. (if relevant, include previous committee experience).

Signature _____ Date _____

Please attach a recent photograph of passport size or a close-up.

Please return the completed EOI Form to:

NZ College of Critical Care Nurses

NZNO

P O Box 2128

Wellington 6140

Or by email to: critical@nzno.org.nz

By 5.00pm Wednesday 14th February 2024

To be valid, this form must be signed by the applicant who is a member of the NZ College of Critical Care Nurses and be received by the closing date.