

**NOMINATION FORM FOR NZ COLLEGE OF CRITICAL CARE NURSES
NATIONAL COMMITTEE (Central 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

If you are the successful applicant, you will need to have access to a laptop for meeting attendance and NZCCCN work.
If you have any questions, please don't hesitate to contact us at the email below
Please return the completed nomination form to: criticalcarenurses@gmail.com
NZNO, P O Box 2128, Wellington 6140 by **5pm Thursday 23 April 2026**

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