



## 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](mailto:critical@nzno.org.nz)

By 5.00pm Sunday 19<sup>th</sup> March 2023

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.