



NOMINATION FORM FOR NZNO NURSING LEADERSHIP SECTION NEW ZEALAND NATIONAL COMMITTEE

(Please *print* clearly)

I,..... wish to nominate

.....
(Surname) (Given Name)

for the position of Committee Member of The NZNO Nursing Leadership Section New Zealand National Committee.

Signed: Date:

This section to be completed by Nominee:

I,..... accept nomination as a Committee Member of the NZNO Nursing Leadership Section New Zealand.

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 Nurse Managers' New Zealand:

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 the Returning Officer, Natalie Ford, NZNO, PO Box 2128, Wellington or natalie.ford@nzno.org.nz by 1700hrs on the 30th September 2021.



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

