



NOMINATION FORM FOR NZNO NURSE MANAGERS (NZ) SECTION NATIONAL COMMITTEE

(Please print clearly)

I.....wish to nominate

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

for the position of Committee Member NZNO Nurse Managers (NZ) Section

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

This section to be completed by Nominee

I, ..... accept nomination as Committee Member of NZNO Nurse Managers (NZ) Section

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 NZNO Nurse Managers (NZ) Section

.....

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 attach a recent photograph, passport type or close-up preferable.

Please return the completed nomination form to Diana Geerling, Returning Officer, PO Box 2128, Wellington Or by email to diana.geerling@nzno.org.nz

by Due 5.00pm on 28 September 2018

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