

**NOMINATION FORM FOR NZNO COLLEGE OF EMERGENCY NURSES  
NATIONAL COMMITTEE – (Top of the South Region)**

(Please print clearly)

I,..... wish to nominate

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

for the position of Committee Member College of Emergency Nurses.

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

**Secunder:** .....  
(Surname) (Given Name)

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

This section to be completed by Nominee

I,..... accept nomination as  
Committee Member of the College of Emergency 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 College of Emergency Nurses.

\* .....

Work Experience, including level of responsibility:

.....  
.....

Explain why you think you are suitable for this position (if relevant include previous committee experience) Please submit a 150/200 word profile on a separate paper including a photo.

.....  
.....  
.....

Signature ..... Date .....

***Please attach a recent photograph, passport type or close-up preferable.***  
Please return the completed nomination form to the Returning Officer, Sharyne Gordon,  
[sharyne.gordon@nzno.org.nz](mailto:sharyne.gordon@nzno.org.nz) NZNO, PO Box 2128, Wellington. To be valid this form must be  
signed by the nominator, seconder and nominee. All must be current CENNZ members.