

**NOMINATION FORM FOR NZNO COLLEGE OF EMERGENCY NURSES  
NATIONAL COMMITTEE – (Hawkes Bay 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 6140 by 16 October 2020. To be valid this form must be signed by the nominator, secunder and nominee and be received by the closing date. All must be current NZNO members.