

NOMINATION FORM FOR
ENROLLED NURSE SECTION NZNO
NATIONAL CHAIRPERSON

(Please print clearly)

I,wish to nominate
.....for the position of Chairperson
(First Name) (Surname)
of the **Enrolled Nurse Section NZNO National Committee**

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

Chairperson of theRegional Enrolled Nurse Section

NZNO Membership Number.....

Nominations must be from the Regional Enrolled Nurse Section that the nominee is active in

This section to be completed by Nominee:

I,accept nomination for
Chairperson of the NZNO National Enrolled Nurse Section

Address (Personal)

Address (Business/work)

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

Ph:.....

Ph:.....

Email:.....

Email:.....

Area of current work:.....

NZNO Membership No;

Length of time as member of a Regional Enrolled Nurse Section:

Work experience, including level of responsibility:

.....
.....

Explain briefly why you think you are suitable for this position (if relevant include previous committee experience e.g. at a regional or national level) (Word limit of 250 words) **Please use a separate page and attach it to this application form.**

Please tick the following

Attached photo, passport size or close-up preferable.

I have met criteria of the Role Description & Person Specification for Chairperson

I have met the criteria as per the Enrolled Nurse Section NZNO Rules

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| |
| |

Signature.....

Date.....

Please return the completed nomination form to: Enrolled Nurse Section NZNO, P O Box 2128, Wellington 6140 by **5pm, 31 March 2024**

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