



Enrolled Nurse Section
NEW ZEALAND NURSES ORGANISATION

**NOMINATION FORM FOR GREATER WELLINGTON REGIONAL ENROLLED
NURSE SECTION
COMMITTEE MEMBER POSITION**

(Please print clearly I, wish to nominate

.....for the position of
(Surname) (Given Name)

Committee Member of the Greater Wellington Regional Enrolled Nurse Section.
(1st Nominator)

Signed:..... Date :

NZNO Membership Number

(2nd Nominator)

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

NZNO Membership Number.....

This section to be completed by Nominee

I, accept nomination as
Committee Member of the Greater Wellington Regional Enrolled Nurse Section

Address (Personal)

Address (Business)

.....
.....

.....
.....

Phone :.....

Phone.....

E-mail:.....

E-mail:.....

Area of current work:.....

NZNO Membership No.

Length of time as member of the Greater Wellington 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)

.....
.....

Signature.....

Date.....

..

Please return the completed nomination form to the Returning Officer, Tina Giles GWR
Chairperson by 10 September 2026 email tdkgiles@gmail.com

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