**Nomination Form**



**COASTN**

**National Committee Member**

**(Please print clearly)**

I, ………………….wish to nominate

……………………………………………………………………… ………………………………………………..

(Surname) (Given Name)

For the position of Committee Member College of Air and Surface Transport Nurses

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

This section to be completed by **Nominee**

I, ................................................................................................................ accept nomination as

Committee Member of College of Air and Surface Transport Nurses

Address (Personal) Address (Business)

…………………………………………………………………. ………………………………………………………………….

………………………………………………………………….

Phone: …………………………………………………………………

E-mail: …………………………………………………………………

Area of current work: …………………………………………………………………………………………..............

NZNO Membership No: ……………………………………………………..

Length of time as member of NZFNA/COASTN: ……………………………………….……………………………………………………..

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:

Diana Geerling

Administration Officer: E: [diana.geerling@nzno.org.nz](mailto:diana.geerling@nzno.org.nz) or [flight@nzno.org.nz](mailto:flight@nzno.org.nz)

New Zealand Nurses Organisation

Wellington

**By** **5:00pm on 17 October 2020**   
To be valid this form must be signed by both parties and be received by the closing date.