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**NOMINATION FORM FOR NZNO NZ GASTROENTEROLOGY NURSES COLLEGE**

**NATIONAL COMMITTEE**

**(Please print clearly)**

I, wish to nominate

………………………………………. …………………………………………………

 (Surname) (Given Name)

for the position of Committee Member Gastroenterology Nurses College

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

This College to be completed by Nominee

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

Committee Member of Gastroenterology Nurses College

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 Gastroenterology Nurses College

……………………………………………………..

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 attach a recent photograph, passport type or close-up preferable.***

Please return the completed nomination form to Diana Geerling, Returning Officer, PO Box 2128, Wellington by **Due 5.00pm on 14 October 2019**.
To be valid this form must be signed by both parties and be received by the closing date.