**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 section to be completed by Nominee:

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

Committee Member of Gastroenterology Nurses College.

Address (Personal)

 Address (Business)

Ph: ……………………………………………………………………………………………………..

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 secretaryofnzgnc@gmail.co.nz by Wednesday 4th November 2020

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