

TO:	Full and Honorary members, IPCNC
FROM:	IPCNC Committee
DATE:	12 th August 2019

CALL FOR NOMINATIONS FOR IPCNC NATIONAL COMMITTEE MEMBERS

Please find enclosed the criteria and nomination forms for the election to the position of:

- Ordinary member, IPCNC National Committee for AGM 2019 – AGM 2021. (Three vacancies available)

The following section of the IPCNC rules relates to the election of committee members:

- (i) The National Committee shall consist of a Chairperson and up to seven (7) elected members with a wide geographical representation with at least one from each island.
- (iv) Committee members shall be full members and have at least 2 years previous work experience in the field of infection control.
- (v) The term of office shall be two (2) years with right of re-election for a further two (2) years. Members shall be re-eligible for re-election after a break of two (2) years.

(IPCNC Rules August 2013; Section 8 (a) National Committee Membership)

Nominations after the closing date will not be accepted. If more nominations are received than positions available a membership vote will be held.

Nomination forms must be returned to Sally Chapman, Returning Officer by 5pm **16th September 2019** by email not Sally.Chapman@nzno.org.nz .

or:

Sally Chapman
IPCNC, NZNO
PO Box 1228,
Wellington 6140



NOMINATION FORM FOR NZNO IPCNC NATIONAL COMMITTEE

(Please print clearly)

I, wish to nominate

.....
(Surname) (Given Name)

For the position of Committee Member IPCNC

Signed: Date:.....

The below section is to be completed by the Nominee

If more nominations are received than places available there will be a vote at AGM/postal ballot and a summary of the information given below (not contact details) will be used on the ballot paper.

I, accept nomination as Committee Member / Chairperson of the IPCNC (delete that which does not apply)

Address (Personal) Address (Business)
.....
.....

Ph/Fax: Ph/Fax:.....

E-mail: E-mail:.....

NZNO Membership No.

Length of time as member of IPCNC.....

Current role

Explain briefly why you are suitable to be on the Committee - if relevant include any previous committee experience, experience in Infection Prevention and Control nursing, previous roles etc: (Please attach separate sheet if necessary)

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

Signature Date

Please return the completed nomination form to the Returning Officer, Sally Chapman by 5pm **16th September 2019.**

Sally.Chapman@nzno.org.nz

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