

**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 **16<sup>th</sup> September 2019.**  
[Sally.Chapman@nzno.org.nz](mailto:Sally.Chapman@nzno.org.nz)

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