

NOMINATION FORM FOR NZNO MENTAL HEALTH NURSES SECTION NATIONAL COMMITTEE

(Please print clearly)

I, (Nominators Name) ………………………………………………………………………………………… wish to nominate (Last Name)

… (First Name)

for the position of Committee Member Mental Health Nurses Section Signed: ......................................................... Date: ……………….……………

This section to be completed by **Nominee**

I, accept nomination as Committee Member of the Mental Health Nurses Section.

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

Preferred E-mail ……………………………………………………………………………………. Area of current work: …………………………………………………………………………………….

NZNO Membership No. ………………………………………..

Length of time as member of the Mental Health Nurses Section: …………………………………………….. 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 the [MHNS@nzno.org.nz](mailto:MHNS@nzno.org.nz?subject=MHNS%20Committee%20Nomination%20Form)

To be valid this form must be signed by both parties.