



**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

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