****

**NOMINATION FORM FOR NZNO**

**NEONATAL NURSES COLLEGE AOTEAROA NATIONAL COMMITTEE**

**Nominator to complete *(Please print clearly)***

I, ………………………………………………………………. wish to nominate

……….………………………………………… ...........………………………………………..…………

(Nominee’s Surname) (Nominee’s First Name)

for the position of Committee Member, Neonatal Nurses College Aotearoa (NNCA).

Signed: ......................................................... Date: .......................................................................

I, ……………………………………………………………… accept nomination as Committee Member of Neonatal Nurses College-Aotearoa.

Home Address Work Address

 …………………………………………………………...

 …………………………………………………………...

………………………………………………… …………………………………………………..……….

Mobile: Work Mobile: ……………………….…………………..

E-mail: …………………………………………… Work E-mail: ……………………….…………………..

Current area of work: …………………………………………………………………………………………

NZNO Membership No: ………………………………………………………………………………………

Length of time as a NNCA member: …..……………………………………………………………………

Work Experience, including level of responsibility:

………………………………………………………………………………………………………….…..…

…..……………………………………………………………………………………………………...……….

Explain briefly why you think you are suitable for this Committee (if relevant include previous committee experience)

Signature Date …………………………………………………….

To be valid this form must be signed by the Nominator and Nominated and reach National Office by the closing date - **by 5.00pm, 13 September 2019**

***Please send the completed Nomination Form, a recent passport size photograph and***

***autobiography to*** ***sally.chapman@nzno.org.nz******, or***

**Sally Chapman**

**NZNO National Administrator**

**PO Box 2128**

**Wellington 6140**