

## MEMORANDUM

TO:	All members of the Neonatal Nurses College Aotearoa
FROM:	The Neonatal Nurses College Aotearoa Executive Committee
DATE:	08 August 2019
RE:	<b>IMPORTANT POSTING – notification of AGM and call for nominations and remits 2019</b>

**The Neonatal Nurses College Aotearoa AGM will be held on:  
17 October 2019  
Wellington Hospital, 12.00-13.00 (room TBC)  
Light lunch provided**

Included in this posting/email are the following:

**1. Call for Committee Nominations: Vacancies**

***Due 06 September 2019***

**There are two vacancies:**

- Tracey Green seeks re-election for another term, and
- Rose Batchelor has reached the end of her term as Committee Member
- Please complete the attached nomination form and return by 06 September to [sally.chapman@nzno.org.nz](mailto:sally.chapman@nzno.org.nz), National Administrator.
- Any NNCA member may nominate another NNCA member to serve on the NNCA executive. Ensure the person you nominate is an NNCA member and accepts the nomination before it is sent in.
- Please send the completed nomination form with a recent photo of the nominee and a 150-word auto-biography.
- If an election is required, this will be by email ballot which will close 30<sup>th</sup> September 2019.

**2. Call for Remits**

***Due 06 September 2019***

**3. Other subjects for discussion at AGM**

***Due 06 September 2019***

**4. Call for notification of resignations**



## 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 17.00, 06 September 2019.**

*Please send the completed Nomination Form, a recent passport size photograph and auto-biography to [sally.chapman@nzno.org.nz](mailto:sally.chapman@nzno.org.nz), or*

Sally Chapman

NZNO National Administrator

P O Box 2128

Wellington 6140

## MEMORANDUM

TO:	All members of the Neonatal Nurses College Aotearoa
FROM:	The Neonatal Nurses College Aotearoa Executive Committee
DATE:	08 August 2019
RE:	<b>CALL for REMITS and other business</b>

### **Call for remits:**

- Remits due by 06 September 2019
- Please present your remit using the template provided.

### **Subject for discussion:**

Other items due 06 September 2019

- If you are proposing a subject/business for discussion at AGM, please make it clear that it is for discussion and provide all supporting material on the topic.

**Send all subjects for discussion to [sally.chapman@nzno.org.nz](mailto:sally.chapman@nzno.org.nz), or**

Sally Chapman  
NZNO National Administrator  
P O Box 2128  
Wellington 6140

### **Notification of resignations from the College:**

- All resignations from NNCA Committee must be notified to the Committee Secretary, Ros Gasparini [nncasecretary@outlook.com](mailto:nncasecretary@outlook.com) one week prior to the AGM.

**Note:** Resignations from NZNO Colleges or Sections do not constitute a resignation from NZNO. If you wish to resign from NZNO please contact the NZNO Membership Support Centre on 0800 28 38 48.