



Committee Nomination Form Canterbury/West Coast

I, _____ WISH TO NOMINATE

(First Names)

(Surname)

REGIONAL DIVISION _____

FOR THE POSITION OF COMMITTEE MEMBER

Note: Nominees must be full members of PNC

Signed: _____

Date: _____

(This section to be completed by the nominee)

I _____ ACCEPT THE ABOVE NOMINATION

Signed: _____

Date: _____

CONTACT DETAILS:

ADDRESS:

PHONE:

_____ (home)
_____ (work)
_____ (mobile)

Email: _____

RELEVANT EMPLOYMENT DETAILS:
(circle one/more as appropriate)

*PRIMARY HEALTH/PRACTICE NURSE
EDUCATOR/EDUCATION FACILITATOR
PRIMARY HEALTH/RURAL PRACTICE NURSE*

BRIEF EMPLOYMENT HISTORY, INCLUDING CURRENT POSITION AND DATES (THIS INFORMATION MAY BE USED TO PRODUCE A PROFILE FOR VOTING):

SUPPORTIVE STATEMENT:
(EXPLAIN BRIEFLY WHY YOU THINK YOU ARE SUITABLE FOR THIS POSITION)

PLEASE RETURN THE COMPLETED NOMINATION FORM (BOTH PAGES) TO:

**THE NATIONAL SECRETARY PNC
C/- NZNO
P O BOX 2128
WELLINGTON 6140**

CLOSING DATE: 15th September 2020