

**NOMINATION FORM FOR COLLEGE OF RESPIRATORY NURSES**

**NATIONAL COMMITTEE**

(Please print clearly)

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

 (Surname) (Given Name)

for the position of Committee Member College of Respiratory Nurses

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

This section to be completed by Nominee

I, accept nomination as Committee Member of the College of Respiratory Nurses

Address (Personal) Address (Business)

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

 .…………………………………………….

Ph/Fax: Ph/Fax: ……………………………………

Email: Email: ……………………………………..

Area of current work: ……………………………………………………………………………………………………………

NZNO Membership No. ………………………………………………

Length of time as member of College of Respiratory Nurses \*……………………………………………………..

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 Diana Geerling, Returning Officer, NZNO, PO Box 2128, Wellington or email diana.geerling@nzno.org.nz by **3 March 2020.**

To be valid this form must be signed by both parties and be received by the closing date.