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**NOMINATION FORM FOR COLLEGE OF STOMAL NURSING
NZNO NATIONAL COMMITTEE**

(Please print clearly)

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

 (Surname) (Given Name)

for the position of Committee Member College of Stomal Nursing

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

This section to be completed by Nominee

I, accept nomination as Committee Member of the College of Stomal Nursing

Address (Personal) Address (Business)

Ph/Fax: Ph/Fax:

E-mail: Email:

Area of current work:

NZNO Membership.

Length of time as Member of College of Stomal Nursing \*……………………………………………………..

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:
Nicky Bates (nicky.bates@wdhb.govt.nz)

by **12 August 2020**

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