

Expression of interest (EIO) to join the NZ College of Critical Care Nurses Committee

Kia Ora, thankyou for	r taking the time to complete this expression of interest.
l,	wish to submit an expression of interest to become a
committee member for the College	
Address (Personal)	
Address (Work)	
Phone no	email
NZNO Membership no	Length of time as a member of NZCCCN
Current area of work	
Current role, work experience, resp	onsibilities
Briefly explain what inspired you to	submit this EOI (if relevant, include previous committee experience)
	nt you will need to have a competent level of computer skills and omputer for meeting attendance and NZCCCN work.
Signed	Date
Please email th	his form to: <u>criticalcarenurses@gmail.com</u>
By 5pm Monday July 30th	

Form updated June 2025