

**NOMINATION FORM FOR NZNO COLLEGE OF EMERGENCY NURSES
NATIONAL COMMITTEE – (Auckland Region)**

(Please print clearly)

I,..... wish to nominate

.....
(Surname) (Given Name)

for the position of Committee Member College of Emergency Nurses.

Signed: Date:.....

Secunder:
(Surname) (Given Name)

Signed: Date:

This section to be completed by Nominee

I,..... accept nomination as
Committee Member of the College of Emergency Nurses.

Address (Personal) Address (Business)
.....
.....

Ph/Fax: Ph/Fax:

E-mail:..... E-mail:

Area of current work:

NZNO Membership No.

Length of time as member of College of Emergency Nurses.

*

Work Experience, including level of responsibility:

.....
.....

Explain why you think you are suitable for this position (if relevant include previous committee experience) Please submit a 150/200 word profile on a separate paper including a photo.

.....
.....
.....

Signature Date

Please attach a recent photograph, passport type or close-up preferable.

Please return the completed nomination form to the Returning Officer, Sharyne Gordon,
emergency@nzno.org.nz NZNO, PO Box 2128, Wellington **by Friday 28 February 2025**. To be
valid this form must be signed by the nominator, seunder and nominee. All must be current
CENNZ members.