



NOMINATION FORM FOR ENROLLED NURSE SECTION NZNO
NATIONAL COMMITTEE MEMBER

(Please print clearly)

I,wish to nominate

.....for the position of

(First Name) (Surname)
Committee member on the **Enrolled Nurse Section National Committee.**

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

Chairperson of theRegional Enrolled Nurse Section

NZNO Membership Number.....

Nominations must be from the Regional Enrolled Nurse Section that the nominee is active in

This section to be completed by Nominee:

I,accept nomination as
Committee Member of the Enrolled Nurse Section NZNO

Address (Personal)

Address (Business/work)

.....

.....

.....

.....

Ph:.....

Ph:.....

Email:.....

Email:.....

Area of current work:.....

NZNO Membership No.

Length of time as member of a Regional Enrolled Nurse Section :

Work experience, including level of responsibility:

.....

Explain briefly why you think you are suitable for this position (if relevant include previous committee experience e.g. at a regional or national level) (Word limit of 250 words)

Please use a separate page and attach it to this application form

Please tick the following:

Attach photo, passport size or close up preferable

I have met the criteria of the Role Description & Person Specification for Committee

I have met the criteria as per the Enrolled Nurse Section NZNO Rules

Signature:.....

Date:.....

Please return the completed nomination form to: Enrolled Nurse Section NZNO, P O Box 2128, Wellington 6140 enrolled@nzno.org.nz by closing date of **31 August 2025**

To be valid this form must be signed by both parties