



Enrolled Nurse Section  
NEW ZEALAND NURSES ORGANISATION

**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 the..... Regional 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: [sharyne.gordon@nzno.org.nz](mailto:sharyne.gordon@nzno.org.nz) no later than 18 February 2025

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