



NOMINATION FORM FOR NZNO GASTROENTEROLOGY NURSES COLLEGE NATIONAL COMMITTEE

(Please print clearly)

I,wish to nominate

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

for the position of Committee Member Gastroenterology Nurses College.

Signed: Date:.....

This section to be completed by Nominee:

I, accept nomination as

Committee Member of Gastroenterology Nurses College.

Address (Personal)

.....
.....

Address (Business)

.....
.....

Ph:

E-mail:

Area of current work:

NZNO Membership No:

Length of time as member of Gastroenterology Nurses College:

Work Experience, including level of responsibility:

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

Explain briefly why you think you are suitable for this position (if relevant include previous committee experience)

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



Signature Date.....

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

Please return the completed nomination form to gastroenterology@nzno.org.nz
before the AGM.

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