

**NOMINATION FORM FOR COLLEGE OF GERONTOLOGY NURSING NZNO
NATIONAL COMMITTEE**

(Please print clearly)

I,wish to nominate

.....
(Surname) (Given Name)
for the position of Committee Member of the College of Gerontology Nursing NZNO

Signed: Date:.....

This section to be completed by Nominee

I,accept nomination as
Committee Member of the College of Gerontology Nursing NZNO

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 Gerontology Nursing NZNO.....

Work Experience, including level of responsibility:
.....
.....

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

Signature Date.....

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

Please return the completed nomination form to Sharyne Gordon, gerontology@nzno.org.nz
NZNO, P O Box 2128, Wellington 6140 **by 4 April 2025**

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