



NOMINATION FORM FOR NZNO MENTAL HEALTH NURSES SECTION NATIONAL COMMITTEE

(Please print clearly)

I, (Nominators Name)

wish to nominate.....(Last Name)

.....(First Name)

for the position of Committee Member Mental Health Nurses Section

Signed: Date:

This section to be completed by **Nominee**

I, accept nomination as Committee Member of the Mental Health Nurses Section.

Address (Personal)

Address (Business)

Preferred E-mail

Area of current work:

NZNO Membership No.

Length of time as member of the Mental Health Nurses Section:

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 return the completed nomination form to the MHNS@nzno.org.nz

To be valid this form must be signed by both parties.