Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

NOMINATION FORM FOR NZNO
New Zealand College of Primary Health Care Nurses Committee (NZCPHCN)

Nominator to complete
(*Please print clearly*)

I, _____ wish to nominate

_____
(Surname) *(Given Name)*
for the position of PPC Member, NZCPHCN.

Signed: _____ Date: _____
[Nominator needs to be a NZCPHCN member]

Nominee to complete (*Please print clearly*)

I, _____ accept the nomination as PPC Member of the NZCPHCN. *[Nominee needs to be a NZCPHCN member]*

Address (*Personal*)

_____

_____

Ph:_____
E-mail: _____

Area of current work: _____
NZNO Membership No. _____
Length of time as member of NZCPHCN: _____
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 Returning Officer
by **5pm** on **9 October 2026**, using one of the following:

Email: primaryhealth@nzno.org.nz, or
Post: NZ Nurses Organisation, PO Box 2128, Wellington 6140

To be valid, this form must be signed by two NZCPHCN and received by the closing date.