



Hongihongi te rangi hou  
"Smell the fresh air"

**NOMINATION FORM FOR COLLEGE OF RESPIRATORY NURSES  
NATIONAL COMMITTEE**

(Please print clearly)

.....  
(Surname)

.....  
(Given Name)

for the position of Committee Member College of Respiratory Nurses

Signed: ..... Date: .....

This section to be completed by Nominee

I, .....accept nomination as  
Committee Member of the College of Respiratory Nurses

Address (Personal)

Address (Business)

.....

.....

.....

.....

.....

.....

Ph/Fax: .....

Ph/Fax: .....

Email: .....

Email: .....

Area of current work: .....

NZNO Membership No. ....

Length of time as member of College of Respiratory Nurses \*.....

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 email address [respiratory@nzno.org.nz](mailto:respiratory@nzno.org.nz)

Or by post to Returning Officer, NZNO, PO Box 2128, Wellington 6140

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