



**NOMINATION FORM
WOMEN'S HEALTH COLLEGE (WHC) NATIONAL COMMITTEE (NZNO)**

Nominator to complete *[Nominator must be a member of WHC]*

I, _____ wish to nominate

_____ for the position of
(Surname) (Given Name)

Committee Member on the WHC Committee (NZNO)

Signed: _____ Date: _____

Nominee to complete *[Nominee must be a member of WHC]*

I, _____ accept the nomination as a Committee Member of the WHC, NZNO.

Address *(Personal)*

Mobile: _____ E-mail: _____

Area of current work: _____

NZNO Membership No. _____ Time as WHC member _____

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 complete this Nomination Form, attach a recent close-up passport size pic, and email to whcnznosec@gmail.com by 4:00 pm on Friday, 10th April 2026

For this form to be valid, it must be signed by both parties who are WHC members, and be received by 4:00 pm on Friday, 10th April 2026