



NOMINATION FORM FOR NZNO ACDN NATIONAL COMMITTEE

(You must be a current member of the Aotearoa College of Diabetes Nurses to be nominated)

(Please print clearly)

I, wish to nominate

.....
(Surname) (Given Name)

for the position of Committee Member of Aotearoa College of Diabetes Nurses.

Signed: Date:

This section to be completed by Nominee

I, accept nomination as Committee Member of the ACDN.

Address (Personal)

Address (Business)

.....
.....
.....

Ph/Mob:.....

Ph/Mob:

E-mail:.....

E-mail:.....

Area of current work:

NZNO Membership No.

Length of time as member of ACDN

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

You may attach or email a photograph. Profiles and photographs will be made available to members should an election be required. Thanks.

Please return the completed nomination form to the Returning Officer, Diabetes College – diabetes@nzno.org.nz

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