**SYHPANZ Nomination Form for Elected Positions on the Executive Committee**

Nominee:

Address:

Telephone:

E-mail Address:

**Nominated for:**

**Chairperson Secretary Treasurer General Member**

**Professional group and experience in Youth Health:**

**What makes the nominee a strong candidate? Include leadership and other experience in   
any relevant area of professional and personal activities**.

**Please make sure your Nominee is a member and aware of their nomination.**

Please print names below.

**Nominated by: Date:**

**Seconded by: Date:**

Email nominations to [enquiries@syhpanz.co.nz](mailto:enquiries@syhpanz.co.nz) on or before **Monday June 23 2017at 5pm.** Your nomination is received once it has been acknowledged to you by email reply.