

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 admin@syhpanz.co.nz on or before **5 pm on 16 August 2021**. Your nomination is received once it has been acknowledged to you by email reply.