



Te Ao Maramatanga
New Zealand College of Mental Health Nurses
Partnership, Voice, Excellence in Mental Health Nursing

Fellowship Nomination Form

Proposer Name: _____

Secunder Name: _____

wish to nominate the following member:

Nominee Contact Details:

Name: _____

Email: _____

Phone: _____

to be considered for fellowship of the College under Section 5.5.2 of the College Constitution.

Signature of Nominator: _____

Signature of Secunder: _____

Date:

Please send the completed nomination form and supply two supporting letters to:

The Administrator
Te Ao Maramatanga (NZCMHN)
admin@nzcmhn.org.nz

Nominations to be received by 30 August 2017

Partnership, Voice, Excellence in Mental Health Nursing
www.nzcmhn.org.nz
admin@nzcmhn.org.nz