Nomination Form for Candidates for Election to the Council for Nurses and Midwives

We, the undersigned, being voters entitled to vote at an election of the Council for Nurses and Midwives for

(a) five registered nurses one of whom shall be a second level registered nurse and another shall be a nurse whose name is entered in any of the special parts of the Register of Nurses; and
(b) two licensed midwives

do hereby nominate .................................................... (**) 

Identity Card No ....................................................... (**) 

Registered in the ....................................................... (**) 
(Registrar)
Registration No ....................................................... (**) 

Address .................................................................(**) 

E mail address ........................................................ 

Grade........................................ Place of work................................................................. 
( **) 

Mobile and telephone No .............................................. 

as a candidate for the said election as a .................................. 
(Registration level being represented) 

Proposer: Name and Surname........................................ (**) 

Identity Card No ....................... 

Address ................................................................. 

E M a il ................................................................. 

Mobile No ............................................................ 

Registered in the .................................................... 

Registration No ........................................................ 


DECLARATION BY PERSON NOMINATED

I, (full name in block letters and Identity Card No) whose name appears on the (Register) accept the above nomination.

My representative during the Council Election shall be:

Name .................................................................

Identity Card No ......................

E Mail .................................................................

Mobile No ............................................................

Signature ............................................. Date .............................

(** In block letters)