

**Nomination Form Independent Practice Nurses Interest Group**

A provincial Interest Group of Registered Nurses Association Ontario RNAO

**Nomination for IPNIG Executive leaders DEADLINE – midnight - August 31, 2018**

**Call for Nominations of IPNIG Members**

·      **IPNIG Executive Leaders  9**

·      **IPNIG Member at Large   2**

·      **IPNIG Nursing Student Leaders  2**

IPNIG Executive Positions and term of office  [click here](http://www.ipnig.ca/executive/executive.html)

RNAO will forward a list of nominees and  position. for IPNIG members to send agreement.

**IPNIG Member Volunteer   Print this page sign your consent and forward as directed.**

**Candidate Consent:**

**I, the undersigned, consent to allow my name to stand for election as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(position)*for the term of office for a two-year term, and agree to act in this role, if elected.**

**I have attached a statement outlining why I am interested in the position *(max 250 words).***

**Candidate Identification**:

|  |  |
| --- | --- |
| **NAME** |   |
| **HOME ADDRESS****(Including City/Town)** |   |
| **RNAO Membership #** |  |
| **HOME Phone #   or****CELL Phone #** |   |
| **EMPLOYER and work address****Business Phone #** |   |

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email IPNIG Nomination form to RNAO attention Carrie Edwards cedwards@RNAO.ca.

or  fax to 416.599.1926    cc  admin@ipnig.ca