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## Nomination Form

To nominate a member, please complete the following nomination and biography forms, and nominee consent form.  
Upon completion, all forms must be submitted together via fax or scanned and emailed to [nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca).

### Step 1: Nomination Form

<b>Name of Local:</b>					
<b>Name of Nominee:</b>					
<b>Address:</b>					
<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>	
<b>Tele (home):</b>			<b>Tele (work):</b>		
<b>Tele (cell):</b>			<b>Email:</b>		

Name of members nominating the above candidate (Please print):

1. \_\_\_\_\_
2. \_\_\_\_\_

Position nominating for: \_\_\_\_\_

President / Vice President / VP Finance / VP Central Area / VP Eastern Area / VP Northern Area / VP Western/  
VP Community Care / VP Long Term Care / VP LPN Grad

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### Step 2: Nominee Consent Form

I \_\_\_\_\_, consent to allow my name to stand as a member or  
(print name)

alternate for \_\_\_\_\_ of the Nova Scotia Nurses' Union.  
(print nominating position)

**Signature:** \_\_\_\_\_

### Step 3: Biography Form

Please detail your experience in the following:

1. **Nursing:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Labour Relations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Labour Education:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Continuing Education:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other relevant information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please make a short statement of your aims and objective for election to this office:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_