**Cystic Fibrosis New Zealand**

**Board Nomination Form 2019**

Nominations Close: 5:00pm on Friday 23rd August 2019.

email: admin@cfnz.org.nz or post: PO Box 110-067, Auckland Hospital, Grafton, Auckland 1148

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| **Nominee’s Name:** |  |
| **Proposed By:** |  | *Branch* |
|  | *Branch Officeholder’s Name and Signature* |
|  | *2nd Branch Officeholder’s Name and Signature* |
| **Nominee’s Acceptance:** |  | **Date:** |  |
| **(Signature)** |
| **Relevant professional and personal skills:** |
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| **Related experience:** |
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| **Skills and competencies in the following areas** (please tick) |
| ❒ Governance Experience | ❒ Financial Acumen | ❒ Not For Profit Sector |
| ❒ Cystic Fibrosis Knowledge | ❒ History in CFNZ Organisation | ❒ Strategic Thinking |
| ❒ Advocacy | ❒ Negotiation eg contracts | ❒ Experience as a Chairperson  |
| ❒ Social Media | ❒ Legal Background\Experience | ❒ Information Technology |
| ❒ Marketing | ❒ Health & Safety | ❒ Membership of a CFNZ Branch |
| ❒ High Worth Networker | ❒ Leadership Skill | ❒ Medical\Health Sector |
| ❒ Youth |  |  |

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| **Comments / additional information** *(to support above skills list)*: |  |
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| **Relevant non-profit / board / volunteer experience:** |  |
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| **How do you consider you would enhance and add value to the CFNZ Board:** |  |
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