

# Nomination Form: Primary Care Taskforce - Consumer perspective

## Your / your nominee’s contact details:

|  |
| --- |
| Name: |
| Email: |
| Telephone: |
| Postal address: |

|  |
| --- |
| If you are nominating someone else – Your name  |
| Confirmation that you/the nominee has accepted the nomination: YES ¨  |

1. Briefly introduce yourself/the nominee and explain why you/your nominee are interested in the role.
2. Briefly describe how you/the nominee meets the attributes sought.
3. Briefly explain what you/your nominee will bring to the group.
4. Please list any consumer groups, relevant health projects, or advocacy groups you/your nominee are currently or recently participated in.
5. Any further comment

Please contact Linda Wensley via email at **linda.wensley@ccn.health.nz** or on 0275 126 168 if you have any questions about the role or the PCTF.

Please return this form to **return via email to linda.wensley@ccn.health.nz by Monday 17th July 2023.**