

NOMINATION FORM

SASKATCHEWAN UNION OF NURSES

Position: NETWORK LEAD Select: NORTH SOUTH

North Network Lead to be elected for a **two (2) year** term, South Network Lead to be elected for a **three (3) year** term, as per Bylaw 4.

- Nominees for the position of **North Network Lead** shall be from the members who work the majority of their work (>80%) within the NE, NW, Saskatoon Networks or Saskatoon Base Hospitals, as per Bylaw 4.06.
- Nominees for the position of **South Network Lead** shall be from the members who work the majority of their work (>80%) within the SE, SW, Regina Networks or Regina Base Hospitals, as per Bylaw 4.06.
- Signature of the nominee indicating consent to run for office **MUST** be shown.
- Faxed or emailed copies of Nominations Forms and Position Statements are to be followed with the original by mail to the SUN Regina office. Nominees should contact the SUN Regina office to ensure the Nomination Form and the Position Statement have been received.

Requirements for nominees for the position of Network Leads are as follows (Bylaw 4.07)

PLEASE <u>PRINT</u> LEGIBLY

In the past five (5) years has had involvement in levels of SUN leadership for a minimum of three (3) years – any combination of the following: local executives, network councils, or board of directors; and,

Has attended at least three (3) SUN leadership workshops/conferences or SUN Annual Meetings within the last five (5) years



NOMINATION FORM

SASKATCHEWAN UNION OF NURSES

Position: NETWORK LEAD Select: NORTH SOUTH

North Network Lead to be elected for a **two (2) year** term, South Network Lead to be elected for a **three (3) year** term, as per Bylaw 4.

*PAGE 2

Nominee:		
Local Name and Number:		
Address:		
Phone Number:		
Supervisor's Information: (Supervisor's information is required should Nominee be elected to office)	Name:	
	Title:	
	Facility:	
Consent of Nominee:		

Signature of Nominee

Nominated by:	
Local Name and Number:	
Address:	
Phone Number:	
Signature	

Seconded by:	
Local Name and Number:	
Address:	
Phone Number:	
Signature	

Include POSITION STATEMENT (maximum of 250 words) and a photo in .jpg format. DO NOT FAX PHOTO. Refer to CALL FOR NOMINATIONS memo.

To be returned to the SUN Regina office by 1200 hours January 17, 2023. Email: elections@sun-nurses.sk.ca