
Nomination Form: Election to the SPANZA Executive Committee

I hereby nominate the following individual for election to the SPANZA Executive Committee:

PERSONAL INFORMATION

Full Name:

City:

Country:

NOMINATED BY

Full Name:

City:

Country:

SECONDED BY

Full Name:

City:

Country:

Important Information

I confirm that all individuals listed on this nomination form are current financial members of the Society of Paediatric Anaesthesia in New Zealand and Australia (SPANZA).

I confirm that all individuals listed on this nomination form hold Ordinary Membership of the Society of Paediatric Anaesthesia in New Zealand and Australia (SPANZA).

Completed forms must be returned to the **SPANZA Secretariat** on the details below by **COB 28th September 2026**.

If a Vote Is Required

If the number of nominations exceeds the number of available positions, a vote will be conducted prior to the AGM via email. To ensure the voting process can be completed in a timely manner, nominees must provide the following at the time their nomination form is submitted:

- A photograph
- A brief statement (maximum 200 words) introducing yourself and outlining your position statement—that is, what you hope to contribute as a member of the SPANZA Executive.