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**Nomination Form**

**Available Council Positions:**

**Executive Council:**

* Senior Stick†
* Vice Stick†
* Treasurer†
* Secretary †
* UMSU Representative†

**General Council:**

* Student Senator
* Programming Chair†
* Programming Associate
* Communications Coordinator
* Mentorship Program Chair†
* Mentorship Program Coordinator
* International Student Coordinator\*
* LGBTTQ\* Student Coordinator\*
* CNSA Official Delegate†
* CNSA Associate Delegate
* IPE Representative
* WISH Clinic Chair
* WISH Clinic Associate
* Newsletter Editor
* Merchandise Representative
* Charitable and Health Promotion Chair†
* Indigenous Student Coordinator (2 positions available) \*
* CanU Representative (2 positions available)
* Midwifery Representatives (2 positions available)
* Sigma Theta Tau Xi Lambda Representative

Cohort Representatives:

* Year 2 Fall Intake Cohort A Rep
* Year 2 Fall Intake Cohort B Rep
* Year 2 Winter Intake Cohort A Rep
* Year 2 Winter Intake Cohort B Rep
* Year 2 Summer Intake Cohort A Rep
* Year 2 Summer Intake Cohort B Rep
* Year 3 Fall Intake Cohort A Rep
* Year 3 Fall Intake Cohort B Rep
* Year 3 Winter Intake Cohort A Rep
* Year 3 Winter Intake Cohort B Rep
* Year 3 Summer Intake Cohort A Rep
* Year 3 Summer Intake Cohort B Rep
* Year 4 Fall Intake Cohort A Rep
* Year 4 Fall Intake Cohort B Rep
* Year 4 Winter Intake Cohort A Rep
* Year 4 Winter Intake Cohort B Rep
* Year 4 Summer Intake Cohort A Rep
* Year 4 Summer Intake Cohort B Rep

\* Denotes positions for which candidates must identify as a member of the representative community

† Denotes positions for which 3/10 signatures collected must be from members of the current NSA council

If you are interested in joining the 2024-2025 NSA Council, please fill out the information below and email the nomination form to Arij at alkhafaa@myumanitoba.ca with the subject “Nomination – NSA Election” by Saturday, March 17 at 11:59pm.

Please email Arij if you have any questions!

**Nomination Form**

This form will act as a nomination form for those who wish to nominate themselves or another student for a position in the Nursing Students’ Association Council for the 2024-2025 year.

The following ten signatures and contact information from the student body are nominations for the following student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Nursing Students’ Association for the 2024-2025 year.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U of M Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year and Term (in College of Nursing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Position Nominating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| # | Name | Student # | Email | Signature |
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This nomination form has been supplied and accredited in accordance with the Nursing Students’ Association Constitution and by-laws.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Chief Returning Officer NSA Year