



16 Dale Road, ADYLINN, Marlborough, Harare
Telephone: +263 242 309237/309436/08677010154
E-mail: registrar@nursesCouncil.co.zw
Website: www.nursesCouncil.co.zw

P. O. Box A 830
AVONDALE
Harare, Zimbabwe

NURSES COUNCIL OF ZIMBABWE

HEALTH PROFESSIONS ACT (CHAPTER 27:19)

NOTICE OF ELECTION OF MEMBERS OF THE NURSES COUNCIL OF ZIMBABWE

Notice is hereby given that an Election of ten members as specified in paragraph (c) of Sub Section (1) of Section 43 of the Health Professions Act [Chapter 27:19] to serve as members of the Nurses Council of Zimbabwe for four years.

Nominations of eligible persons to fill the vacancies are invited. Attention is drawn to the requisites for the validity of nomination papers as set out in Section 4 of the Health Professions (Election of Members of Nurses Council) Statutory Instrument 350 of 2001.

Forms of nomination papers may be obtained from the Registrar through the Council's Website (www.nursesCouncil.co.zw) or may be collected and submitted at the Council Offices, 16 Dale Road, Marlborough, Harare. The email address for submission of the nomination forms is: nominations@nursesCouncil.co.zw.

Every Nomination Paper must reach the Registrar Nurses Council of Zimbabwe on or before 10 October 2025, which is the day appointed for the receipt of nomination papers.

CANVASSING PROHIBITED

The nominee shall not publish or distribute any manifesto which is intended or likely to induce persons to nominate or vote for her or him to be a member of Council.

Campaigning is **NOT** allowed under any circumstances. Any campaigning will lead to disqualification.

NURSES COUNCIL OF
ZIMBABWE

19 SEP 2025

P.O. BOX A830
AVONDALE, HARARE

Health Professions (Election of Members of Nurses Council)
Regulations, 2001

FORM OF NOMINATION PAPER

(Section 4)

N.C.Z. II

**ELECTION OF MEMBERS OF THE NURSES COUNCIL OF
ZIMBABWE**

WE, the undersigned, being registeredhereby
nominate.....** a registered
.....of
..... as a candidate for election as a member of the Nurses
Council of Zimbabwe at the forthcoming election.

**Signatures, addresses and registered qualifications of persons of the same profession or
calling as the candidate.

(1) Signature
Address
Registered Qualifications

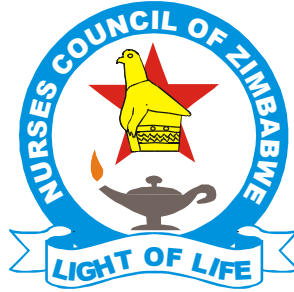
Signed in the presence of-
Signature
Date

(2) Signature
Address
Registered Qualifications

Signed in the presence of-
Signature
Date

I, the undersigned, hereby consent to accept nomination as a candidate for
election to the Nurses Council of Zimbabwe.

Signature.....
Address.....
Registered Qualifications
*Here state profession or calling
First names, in full, and surname and address
.....
.....
.....



16 Dale Road, ADYLINN, Marlborough, Harare
Telephone: +263 242 309237/309436/08677010154
E-mail: registrar@nursesCouncil.co.zw
Website: www.nursesCouncil.co.zw

P. O. Box A 830
AVONDALE
Harare, Zimbabwe

NURSES COUNCIL OF ZIMBABWE

INSTRUCTIONS FOR THE NOMINATION FORM

1. Download the nomination form.
2. Fill in the nomination form.
3. Scan the completed nomination form, upload it and send to the email address provided.