Please send completed form to: sally.chapman@nzno.org.nz

**PERSONAL INFORMATION \*required field**

|  |  |
| --- | --- |
| **First Name\***  |  |
| **Last Name\***  |  |
| **NZNO Membership Number** *(NZNO members only)* |  |
| **Email Address\***  |  |
| **Street Address\*** |   |
| **Suburb\***  |   |
| **Postcode\***  |   |
| **Town or City**  |   |
| **Preferred landline** |   |
| **Mobile\***  |   |

**PROFESSIONAL INFORMATION**

|  |  |
| --- | --- |
| **Employer Name\***  |  |
| **Years of Urgent Care Experience:** |  |
| **Occupation\* (**Please circle) | **Please circle:**• Clinical Nurse Educator • Enrolled Nurse • HCA/ CSA• Other………………. | • Nursing Services Coordinator• Registered Nurse/ Paramedic |
| **Place of Work\*** Please select:  | **Please circle:**• Rural Urgent Care • Rural Hospital | • Urban Urgent Care |
| **Other Post-graduate qualifications and PDRP level:** *(PG Cert / PG Dip / Masters / Other)* |  |
| **How many hours a week do you work in Urgent Care: \*** | **Please circle:** * Less than 2 hours
* More than 4 hours
* More than 32 hours
 |  * More than 2 hours
* More than 16 hours
 |
| **Other areas of nursing or work experience:** | **Please circle*** Cancer nursing
* Children and young people
* Critical care
* Diabetes
* Diabetes Nurse Specialist
* Emergency nursing
* Enrolled Nurse
* Flight Nurse
* Gastroenterology
* Gerontology
* Infection control
 | * Mental health
* Neonatal
* Nursing leadership
* Nursing research
* Pacific nursing
* Perioperative
* Practice, Public or District RN
* Respiratory nursing
* Stomal therapy
* Women’s health
* Paramedicine
 |