Please send completed form to: [sally.chapman@nzno.org.nz](mailto: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 |