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)* |  |
| **Number of hours you work each week in** **Urgent Care: \*** | **Please circle*** Less than 2 hours
* More than 4 hours
* More than 16 hours
 | * More than 2 hours
* More than hours
* More than 32 hours
 |
| **Other areas of nursing or work experience:** | **Please circle*** Cancer
* Child & Youth
* Critical Care
* Diabetes
* Emergency
* Enrolled Nurses
* Flight Nurses
* Gastroenterology
* Gerontology
* Infection Prevention & Control
 | * Mental Health
* Neonatal
* Nursing Leadership
* Nursing Research
* Pacific Nurses
* Paramedicine
* Perioperative
* Practice, Public or District RN
* Respiratory
* Stomal Therapy
* Women’s Health
 |