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)* |  | | |
| **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 |