

College of Emergency Nurses New Zealand (NZNO)

National Triage Course Application Form

A place will on the course will only be secured on receipt of this application form.

Applicants Name		Designation
Applicants email address		
Applicants place of work		
Address where course material to be posted to.		
Address for invoicing		
Course wanting to attend	Venue	Dates

Team leader form: (to be completed by team leader / charge nurse / manager)

Application supported	Team leader name	Position
Signature	Email address	

Payment: (please indicate payment method)

Please tick

Member of the College of Emergency Nurses NZ (CENNZ) for 2009 (www.cennz.co.nz)	CENNZ Member Yes \$450	CENNZ Member No \$550
Cheque made out to College of Emergency Nurses (NZNO) Triage Course. Post to Gabby Harsveld - Triage Course Coordinator PO Box 35705 Browns Bay North Shore City 0753	Direct Credit College Of Emergency Nurses ANZ 010505-0109562-01	

NB: A \$150 non-refundable cancellation fee applies to any applicant withdrawing within 6 weeks of the course dates.

Member of NZNO (www.nzno.org.nz) (membership number available 0800283848)	Membership number	Not a member
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Triage course co-ordinator: Gabby Harsveld Triage Course Coordinator PO Box 35705 Browns Bay North Shore City 0753 email: triagefirst@gmail.com .	Office use only	
	Receipt of application	
	Course Booked	
	Payment received	
	Exam Criteria	
	Certificate mailed	
	Triage register	