



# The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand. Telephone (09) 307-4949 extn. 24323. Email: karen@adhb.govt.nz

## APPLICATION FOR AEGROTAT CONSIDERATION

<b>Full name</b>	
<b>Department</b>	
<b>Hospital</b>	
<b>Phone number</b>	
<b>Fax number</b>	
<b>Email address</b>	

1. Reason for request for Aegrotat consideration (please tick one):

Illness (A medical certificate must be attached)

Compassionate (e.g. bereavement)

Other (please explain) \_\_\_\_\_

2. Give details of the assignment(s) that you are applying for an aegrotat consideration.

<b>Worksheet Number</b>	<b>Worksheet Subject</b>	<b>Due Date</b>

Office Use Only:

Supervisors Signature: Y / N

Aegrotat Mark to be awarded: Y / N Mark = \_\_\_\_\_

3. Have you previously applied for Aegrotat consideration?

YES / NO

Date:

Supervisors Name and Signature:

---

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

Office Use Only:

Supervisors Signature: Y / N

Aegrotat Mark to be awarded: Y / N Mark = \_\_\_\_\_