



The Society of Cardiopulmonary Technology (NZ) Incorporated

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

APPLICATION FOR ENROLMENT INTO THE CERTIFICATE IN PHYSIOLOGICAL MEASUREMENT

NAME: Mr _____
Miss _____
Ms Surname _____ Christian Names _____
Mrs _____

DATE OF BIRTH: _____

JOB TITLE: _____

EMPLOYER: _____

WORK ADDRESS: _____

WORK PHONE: _____

WORK FAX : _____

EMAIL: _____

If you would like all correspondence sent to an address other than the hospital please indicate alternative address below:

Are you happy for you name and email address to be added to a list of students which will be distributed with the course? This would enable those working in smaller hospitals with less support to contact other students nearby.

YES NO

Official Use Only:

Date payment received _____ Date Course Sent _____

Payment Type (circle) Cash Cheque Entered on Database

EDUCATIONAL BACKGROUND

COPIES OF QUALIFICATIONS must be included with this application or it cannot proceed to council discussion.

QUALIFICATIONS	Year completed
NCEA Level 1 (Year 11) or equivalent List subjects and grades:	
NCEA Level 2 (Year 12) or equivalent List subjects and grades:	
NCEA Level 3 (Year 13) or equivalent List subjects and grades:	
UNIVERSITY DEGREE Major(s): _____ Please attach a transcript showing all papers completed.	
TECHNICAL INSTITUTE Qualification: _____ Please attach a transcript showing all papers completed.	
NURSING (Indicate which course has been completed) Enrolled / Comprehensive / Degree / Other	

COMMENTS:

EMPLOYMENT DETAILS

Total (Full Time Equivalent) years experience as a Cardiac/Respiratory/Sleep technician: _____

Start date of current position: _____ Hours/week: _____

Technical procedures performed in current position:

Relevant previous experience: Include Dates, what technical procedures were performed and if positions were Part or Full Time (if P/T specify hrs/week). Attach separate pages if necessary.

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DECLARATION

- * I declare that the statements I have made are accurate.
- * I declare to be governed by the rules and regulations of the Society.
- * I agree to inform the Society immediately of any change in circumstances, which may affect my right to continue as a member of the Society.

SIGNED: _____ DATE: _____

AGREEMENT TO SUPERVISE TRAINING

Supervisors details

Name: _____

Job Title: _____

Brief outline of what you do:

Postal Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

Registered with CPRB: Yes No Registration Number: _____

Current financial member of SCT: Yes No

If not registered Please attach a copy of all relevant professional qualifications
(or from overseas): and/or a full CV.

APPLICATION FOR STUDENT MEMBERSHIP

The Society Constitution, Section 5, "Membership", states that:

5. (a) A person shall be eligible for membership as a student member of the Society upon satisfying to the Council:

1. That they are a fit and proper person to be admitted to membership of the Society.
2. That they are working in technical capacity in a cardiopulmonary department.
3. That they have attained such standard of education as the Council may from time to time prescribe. The Council ruling as of October 2003 being; student members of the New Zealand Society must provide proof of achieving competency in:

English,
Mathematics
Science

to a level of 5th form (year 11) or higher, or any equivalent standard acceptable to the Council.

PROPOSAL FOR MEMBERSHIP (to be completed by proposer)

I, _____ being a current member of the Society, and having personal knowledge of

_____ propose that he/she is elected to membership of the Society.

SIGNED: _____ DATE: _____

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TO BE COMPLETED BY COUNCIL:

Application ACCEPTED NOT ACCEPTED

Optional modules to be completed: Cardiac Sleep

Comments

SIGNED: _____

DATE: _____

Please note that no application will be processed unless your payment is included with this application form.



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FEES PAYMENT FORM

NAME : _____

HOSPITAL: _____

Please complete the appropriate section of this form to indicate your requirements and send with your application.

Tick the boxes that apply to this application and complete the Total amount below.

Student Member

1. Course fees (covers course, exams and workshop):
- | | | |
|-------------------------------------|----------------------|--------------------------|
| a) General module + Cardiac module | NZ\$1,500 | <input type="checkbox"/> |
| or b) General module + Sleep module | NZ\$1,500 | <input type="checkbox"/> |
| or c) Sleep module only | contact SCT for fees | <input type="checkbox"/> |

If you are not already a member of SCT then please ensure that the Proposal for Membership section of your form is completed:

Society Membership Subs NZ\$50

TOTAL TO PAY (in NZ\$) \$ _____

NB: Payment by Australian residents must be made by bank draft in NZ dollars.

Method of payment:

Course fees enclosed
Or
Paid by Internet banking into SCT account.

If you are paying by Internet Banking:

Bank account number is: 38-9005-0953987-00
Bank: Kiwibank
Account name: Society of Cardiopulmonary Technology

Please note the following details on the payment statement.

Particulars: SCT course CPM
Code: current financial year (e.g. 2006)
Reference: your first initial, then surname

Please attach the payment confirmation page from the internet bank to this application form as proof of payment.

Cheques should be made out to: Society of Cardiopulmonary Technology Ltd

05/12/2008