



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 Email: education.sct@gmail.com

APPLICATION FOR ENROLMENT INTO THE CERTIFICATE IN PHYSIOLOGICAL MEASUREMENT As specified by the Return to Work Policy

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:

EDUCATIONAL BACKGROUND

Please list all relevant qualifications below. A copy of certificates must be attached. Tick boxes below to confirm. **Please also include a copy of your CV.**

PROFESSIONAL QUALIFICATIONS Name the qualification / education provider	Year completed	Copy of Certificate Included
COPY OF CV INCLUDED (please tick)		

COMMENTS:

EMPLOYMENT DETAILS

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

Last date of employment as a Cardiac Physiology Technician (or equivalent)

Location of previous employment: _____

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.

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.

=====

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: _____

=====

Please note: we do not require payment upon application. If your application is successful, we will supply payment details to you.

TO BE COMPLETED BY COUNCIL:

Application ACCEPTED NOT ACCEPTED

Comments

SIGNED: _____

DATE: _____