



The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level 3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand.

www.sct.org.nz Email: info@sct.org.nz

APPLICATION FOR MEMBERSHIP

NAME: Mr Miss Ms Mrs

Surname _____ First Names _____

DATE OF BIRTH: _____

POSITION HELD: _____

EMPLOYER: _____

DEPARTMENT: _____

WORK ADDRESS: _____

WORK PHONE: _____ FAX: _____

EMAIL: _____

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

MEMBERSHIP TYPE: (Circle desired membership. See society information sheet for details).

- ASSOCIATE (studying towards an SCT qualification)
- ORDINARY (Holds an SCT or SCST (UK) qualification)
- AFFILIATE (affiliated membership only e.g. industry and/or holds other relevant qualifications as accepted by the SCT. A full CV is required for this membership type with copies of your qualifications and transcripts)

Please note that if you have not practised as a Physiologist/Technician for >5 years and intend to return to work, please refer to our *Return to practise* policy on our website for guidance.

[Type text]

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)		

EMPLOYMENT DETAILS

Total (Full Time Equivalent) years experience as a cardiopulmonary technician:

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

Technical procedures performed in current position:

Are you currently registered in your country of training? _____

Please list registration board/s you are currently with:

Please include copy of registration certificates.

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PROPOSAL FOR MEMBERSHIP

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

[Type text]

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

SIGNED: _____ DATE: _____

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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: _____

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SUBMISSION OF APPLICATION

You can either post your application and documents to:

SCT Secretary, c/o Cardiac Physiology, Level 3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand

Alternatively you scan and email your application and documents to:

info@sct.org.nz

We endeavour to send all applicants email confirmation that we have received their application.

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PAYMENT OF SCT MEMBERSHIP FEES of \$100

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