



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

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

EDUCATIONAL BACKGROUND

COPIES OF QUALIFICATIONS must be included with this application or it cannot proceed to council discussion. **Please also include a copy of your CV.**

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 # years experience as a Provisional Cardiac 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.

Note: If you are not employed as a Provisional Cardiac Technician, state your current job title: _____ and a copy of your current job description must be included with this application.

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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

In order to complete this course, you must have a suitably qualified and registered Cardiac Technician or Clinical Physiologist as your direct clinical supervisor. The supervisor must be a current member of SCT.

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 applicant is from overseas: Proposed clinical supervisor must attach a copy of all relevant professional qualifications, memberships and a full CV to the SCT council for review.

APPLICATION FOR STUDENT MEMBERSHIP

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

- (a) A person shall be eligible for membership as an Associate member of the Society upon satisfying the Council:
- i. that they are a fit and proper person to be admitted to membership of the Society
 - ii. that they are employed as a Provisional Clinical Cardiac Physiology Technician, Provisional Clinical Cardiac Physiologist, or equivalent
 - iii. for the role of a Provisional Clinical Cardiac Physiology Technician, that they have attained such standard of education as the Council may from time to time prescribe, the Council ruling as of October 2006 being they must provide proof of achieving competency at a level of NCEA level 1 (Year 11) or higher, or any equivalent standard acceptable to the Council.

REGISTRATION STATUS

It is a requirement of the CPM programme that students are registered with the CPRB.

I am currently registered with the Clinical Physiologists Board as a

_____.

Registration number: _____

Date Registration granted: _____

Signed: _____

Copy of Registration Status included

If you are not currently registered, please provide the date that your registration application was submitted to the CPRB

Date of submission: _____

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: _____

CPM COURSE PAYMENT FEES (\$1500) and SCT MEMBERSHIP FEE (\$50)

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