



# 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](http://www.sct.org.nz) Email: [info@sct.org.nz](mailto:info@sct.org.nz)

## APPLICATION FOR MEMBERSHIP

NAME: Mr Miss Ms Mrs

Surname \_\_\_\_\_ Christian 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)

**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.**

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**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.**

<b>PROFESSIONAL QUALIFICATIONS</b> Name the qualification / education provider	Year completed	Copy of Certificate Included
<b>COPY OF CV INCLUDED</b> (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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PROPOSAL FOR MEMBERSHIP**

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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**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: \_\_\_\_\_

**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](mailto: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 \$50**

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