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| **Please complete all the details in the form** |
| **Full Name**  | Click or tap here to enter text. |
| **Position / Title**  | Click or tap here to enter text. |
| **Ward / Unit** | Click or tap here to enter text. |
| **Te Whatu Ora ID** | Click or tap here to enter text. |
| **Employer (external applicants only)** | Click or tap here to enter text. |
| **Phone**  | Click or tap here to enter text. |
| **Email**  | Click or tap here to enter text. |
| **List of Names & Dates of Courses** | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**Declaration: “I confirm I have obtained approval from my line manager and I will be released from the roster”**

(Note: if unable to confirm, your booking may be re-allocated to priority groups)

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| [ ]  **Yes**[ ]  **No**  | **My Line manager has approved****CNM Name and email** Click or tap here to enter text. |

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| **NEXT STEP:** **Email the completed form to** NursingClinicalEducation@waikatodhb.health.nz**(You will receive an email back if there are no spaces.)**  |