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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](mailto:NursingClinicalEducation@waikatodhb.health.nz)  **(You will receive an email back if there are no spaces.)** |