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| 1. **Please complete all details in the form relevant to you.** 2. **Copy and paste names and dates of courses from Nursing Clinical Education Calendar.** |

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| **Name** | Click here to enter text. | | |
| **Position/Title** | Click here to enter text. | **WDHB**  **ID No.**  **(for WDHB employees only)** | Click here to enter text. |
| **Email** | Click here to enter text. | **Phone** | Click here to enter text. |
| **Ward/Service**  **(for WDHB employees only)**  **Employer**  **(for External applicants only)** | Click here to enter text. | | |
| **Name of Charge Nurse/Line Manager**  **(for WDHB employees only)** | Click here to enter text. | | |
| **Name of Nurse Educator**  **(for WDHB employees only)** | Click here to enter text. | | |

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| **List of Names & Dates of Courses** | Click here to enter text.  Click here to enter text.  Click here to enter text. |

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| **Yes**  **No** | **I have discussed educational opportunities with my manager/educator.**  (An email will be sent to CNM/CMMs for approval for WDHB employees.) |
| **Yes**  **No** | **Attending this course fits in with my career plan/appraisal goals.** |

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| **NEXT STEPS:**   1. Email the completed the form to [**NursingClinicalEducation@waikatodhb.health.nz**](mailto:NursingClinicalEducation@waikatodhb.health.nz)who will then email your CNM for approval. (You will receive an email back if there are no spaces.) 2. Once approval is received from your CNM, you will receive an email from Nursing Clinical Education confirming your place. Confirmation emails will be sent to the email address supplied above – please check emails when on leave. (Nurse Educators & Charge Nurse Managers for WDHB employees, will also be copied in to the confirmation.) 3. **As many of our courses fill rapidly, failure to turn up may prevent another person attending. Please save a reminder to your calendar and check that your roster is correct for the course dates.** |