MANATŪ HAUORA
MINISTRY OF HEALTH

New Zealand Medical Assistance Team
Registration of Interest Form

Upon completion of the NZMAT Registration of Interest Form, please email scanned copy to the NZMAT Programme Manager – NZMATenqiries@health.co.nz (Mobile: 021 227 4830)

***Demotes MANDATORY field – this information must be completed if registration to proceed to next stage**

PERSONAL DETAILS			
Date (day/month/year)			
Title *	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Doctor		
First Name *			
Middle Name(s)			
Last Name *			
Gender *	☐ Male ☐ Female	**DOB*** (day/month/year)	
Ethnicity	☐ NZ European		
	☐ NZ Maori		
	☐ Other European	Define:	
	☐ Pacific Peoples	Define:	
	☐ Asian	Define:	
	☐ Middle Eastern	Define:	
	☐ Latin American	Define:	
	☐ African	Define:	
	☐ Other	Define:	
Contact Details *	Mobile Number		
	Email		

EMPLOYMENT DETAILS		
Current Position:		
Number of years in this Position:		
Does your current role have a Clinical Component?	☐ Yes ☐ No ☐ N/A	
If No, please clarify:		
Current Employment *	☐ Agency	Provide Name :
	☐ Te Whatu Ora	Provide Name :
	☐ General Practice	Provide Name :
	☐ Public Health Unit	Provide Name :
	☐ Pharmacy	Provide Name :
	☐ Other (i.e. self-employed)	Provide Name :
	☐ Not Currently Employed	

Has your employer signed the 'Employer's Acknowledgement Form'? *	☐ Yes	☐ No	☐ N/A
Attach signed Employer's Acknowledgement Form *			

PROFESSIONAL DETAILS **This section allows you to register the professions which you are CURRENTLY qualified to do**			
Professional Category*			
☐ Administration	☐ Te Whatu Ora	☐ General Practice	
☐ Allied Health – Physiotherapist	Define:		
☐ Allied Health – Other	Define:		
☐ Anaesthetist	☐ Adult	☐ Paediatrics	
☐ Doctor	Define:		
☐ Emergency Manager			
☐ Medical Officer of Health			
☐ Midwife	☐ LMC	☐ Hospital	
☐ Nurse Practitioner	Define:		
☐ Paramedic	Level:		
☐ Pharmacist			
☐ Psychologist			
☐ Public Health	☐ HPO	☐ EHO	☐ Other –define:
☐ Radiographer			
☐ Radiologist			
☐ Registered Nurse	Define:		
☐ Surgeon	Define:		
☐ Technician – Anaesthetic			
☐ Technician – Laboratory	Define:		
☐ Other (i.e. Nurse Vaccinator, Nurse Prescriber etc.)	Define:		