

Upon completion of the NZMAT Registration of Interest Form, please email scanned copy to the NZMAT Programme Manager – NZMATenquiries@health.govt.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 *	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Doctor
First Name *			
Middle Name(s)			
Last Name *			
Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB* (day/month/year)	
Ethnicity	<input type="checkbox"/> NZ European		
	<input type="checkbox"/> NZ Maori		
	<input type="checkbox"/> Other European	Define:	
	<input type="checkbox"/> Pacific Peoples	Define:	
	<input type="checkbox"/> Asian	Define:	
	<input type="checkbox"/> Middle Eastern	Define:	
	<input type="checkbox"/> Latin American	Define:	
	<input type="checkbox"/> African	Define:	
Contact Details *	Mobile Number		
	Email		

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

Has your employer signed the 'Employer's Acknowledgement Form'? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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*			
<input type="checkbox"/> Administration	<input type="checkbox"/> Te Whatu Ora	<input type="checkbox"/> General Practice	
<input type="checkbox"/> Allied Health – Physiotherapist	Define:		
<input type="checkbox"/> Allied Health – Other	Define:		
<input type="checkbox"/> Anaesthetist	<input type="checkbox"/> Adult	<input type="checkbox"/> Paediatrics	
<input type="checkbox"/> Doctor	Define:		
<input type="checkbox"/> Emergency Manager			
<input type="checkbox"/> Medical Officer of Health			
<input type="checkbox"/> Midwife	<input type="checkbox"/> LMC	<input type="checkbox"/> Hospital	
<input type="checkbox"/> Nurse Practitioner	Define:		
<input type="checkbox"/> Paramedic	Level:		
<input type="checkbox"/> Pharmacist			
<input type="checkbox"/> Psychologist			
<input type="checkbox"/> Public Health	<input type="checkbox"/> HPO	<input type="checkbox"/> EHO	<input type="checkbox"/> Other –define:
<input type="checkbox"/> Radiographer			
<input type="checkbox"/> Radiologist			
<input type="checkbox"/> Registered Nurse	Define:		
<input type="checkbox"/> Surgeon	Define:		
<input type="checkbox"/> Technician – Anaesthetic			
<input type="checkbox"/> Technician – Laboratory	Define:		
<input type="checkbox"/> Other (i.e. Nurse Vaccinator, Nurse Prescriber etc.)	Define:		