**REGISTRATION EXAMINATION**

**APPLICATION FORM**

**8th June 2024**

APPLICATION – *Must be received before (ie post-dated on or before 10th May)*

**APPLICANT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ph. No\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOSPITAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS FOR YOUR RESULTS TO BE SENT TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT’S THEATRE SCRUB SIZE:** (Please Tick)

Top S□ M□ L□ XL□ XXL□ Bottom S□ M□ L□ XL□ XXL□

**ANAESTHETIC MACHINE offered will be**

**GE AISYS □**

NAME OF **CHARGE TECHNICIAN** (For sign off on your eligibility to sit exam)

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_acknowledge, that the above candidate is eligible to sit the NZATS Registration exam. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAINING PROGRAMME**: (Please Tick) **Graduate Certificate □ Diploma □**

**DATE STARTED TRAINING­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of hour’s completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach certified copies of the documents required as per the registration exam checklist found on NZATS website**

Application documentation and examination fee of **$1265** ($1100 + GST) must be received by the NZATS office on or before

**10th May 2024**

NZATS

Examination’s Secretary

P.O Box 10691

The Terrace

Wellington 6143

Cheque Payment to be made out to **NZATS inc** orpayment can be made by **credit card** or **Online Banking**

**If paying online enclose evidence of payment with your application**

**NZATS Inc.**

**Bank Account # 03 07260649992 00**

**NZATS USE ONLY**

DATE RECEIVED­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy of Diploma Yes/ No

Clinical hours form Yes/ No

Copy of Trainee Registration card Yes/ No **RECEIPT/CANDIDATE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Evidence of relevant qualification Yes/ No / NA

CPR Certificate Yes/ No

Criminal Conviction History Yes/ No

Payment Yes/ No **PASS / FAIL**