

CATEGORIES OF MEMBERSHIP

1. MEMBERS

Membership is available to all Registered Nurses

2. FELLOWS

Registered Nurses with 5 Years practice experience who are able to demonstrate an exceptional contribution to nursing.

Please contact the College for further fellowship application details.

FEE STRUCTURE 2011

Subscription Fees	Annual	Monthly	Indemnity Insurance Covered ***
Member	\$440.00	\$37.00	Yes
Fellow	\$495.00	\$41.50	Yes
Member -Part Time * or School Nurse	\$294.00	\$25.00	Yes
Member – RN in full time study #	\$294.00	\$25.00	Yes
Retired Member **	\$225.00	\$18.75	No

* Part Time – employed under 20 hrs per week, employer verification required.

This category includes School Nurses

RN in full time study – verification required from tertiary provider.

** Retired Members / Non working members returning to work must inform the college to re-instate your Insurance cover.

*** Indemnity Insurance cover is assured providing members hold a current APC and / or appropriate qualification or training for related work at the time of any claim.

JOINING THE COLLEGE

Benefits as a Member of the College

- Belonging to an organization which is bicultural in its structure and organisation
- Receiving \$1 million indemnity insurance (Not applicable for Retired members)
- Automatic subscription to the journal Nursing Praxis in New Zealand published three times a year
- Receipt of Te Puawai, the College’s professional publication also published 3 times a year
- Receipt of monthly issue of Nursing Review
- Belonging to an organisation whose focus is on the professional issues of nursing and on the health of our communities
- Contributing to an organisation with significant influence on health policy decision making at the national level
- Involvement with a dynamic network of professional nurses committed to high standards of nursing practice
- Opportunities to contribute to relevant submissions
- Online discussion groups and instant electronic updates.

Additional Benefits of being a Fellow

- Recognition as a leader in your specific field of nursing
- Use of FCNA(NZ) after your name

Area/s of professional experience / expertise:

For the College to maintain its high level of influence we require information on the experience and expertise of our members. With this information the College, with your assistance, can better provide informed comment on a range of health and nursing issues as well as creating better services for you as a member.

If you require more room, please attach another sheet.

Clinical experience / expertise (please specify)
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Research interests.....

And (please tick)

- Workforce Development
- Leadership / management
- Policy Development / review
- Education
- Curriculum development
- Portfolio Development
- Career Development
- Legal issues
- Mentoring
- Working with the Media
- Preparation of submissions
- Research
- Nursing / Health informatics
- Report Writing
- Community Involvement
- Other

Qualifications – Professional & Academic

Please detach this section and forward the above to:

College of Nurses (NZ) Inc.

PO Box 1258

Palmerston North 4440

Email - admin@nurse.org.nz

MEMBERSHIP APPLICATION DETAILS

Title _____
Given Names _____
Surname _____
Former Name _____
Practicing Certificate No _____
Date of Birth ____/____/____
 I wish to be placed on the Maori roll.
Iwi _____ Hapu _____
Postal Address _____

Suburb _____
City _____ Postcode _____
Email Address _____
Phone Hm () _____
Phone Wk () _____
Mobile _____
Present Position _____
Employer _____
 Fees are to be billed to my employer
Billing address (if different to above) _____

City _____ Postcode _____

I am applying as a member in the Category of -

- Member
 Member - working Part Time
 Member - School Nurse
 Member- RN undertaking full time study.
 Member -Retired

In order to have your application for membership considered please check that you have included the following:

- Application form
 \$20 Application Processing Fee
 Annual Membership Fee or Monthly Automatic Payments Form (download from www.nurse.org.nz or phone (06) 358 6000)

For Insurance purposes members applying for the category of -

- Part Time - attach verification from employer of regular weekly hrs.
 RN in full time study- attach verification from tertiary provider.

PURPOSE

1. To promote and facilitate professional development in the area of clinical practice, nursing education, nursing research and nursing management.
2. To identify, examine and take action on issues of significance to nursing practice and the health of the community
3. To monitor, comment and advise on nursing education to best support nursing practice
4. To participate in nursing and health policy development and decision making at local and national levels
5. To disseminate information on issues of significance to nurses
6. To initiate, promote and publish nursing and health related research
7. To adopt a collegial relationship with other professional bodies



An organisation which seeks to achieve
100% access and Zero disparities
in health for all New Zealanders with a focus
on professional nursing issues.

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For frequently Asked Questions & Answers
visit our website

www.nurse.org.nz

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Application for Membership 2011