

APPLICATION FORM for all EDUCATION WORKSHOPS

CONTACT

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Registration by email is especially welcome

The application form can be downloaded from the Education section
of the Hospice Taranaki website:

www.hospicetaranaki.org.nz

OUR MISSION

Hospice Taranaki works in partnership with patients, their families/whanau and organisations to provide and influence best practice care, support and understanding at the end of life.

Hospice Taranaki Education Programme 2017 Application form for ALL workshops

Please use CAPITALS and print clearly

Location of workshop (please circle)

New Plymouth

Waitara

Stratford

Hawera

Name/s of workshops _____

Date/s of workshops _____

Name _____

Address _____

Phone (Wk) _____ (Mob) _____

Email _____

Current Place of Work _____

Work Role _____

Special Dietary Needs _____

Course Fee/s enclosed \$ _____ (* where applicable)

* Full payment on registration please. All fees are GST inclusive. Fees are non-refundable.

Post or email your completed form to the contact details on the previous page.

Payment—Invoices will be sent.

Cheque enclosed

Direct Credit

For direct credit (bank details): Hospice Taranaki Inc

Particulars: Course Name - e.g. Syringe Driver

Reference: Edu & Your Surname

TSB Bank Account No: 15 3948 0365008 80



Register early to avoid disappointment

this also assists us with planning. Thank you.