

NZ Sterile Sciences Association

Application for Registration Form

|  |  |
| --- | --- |
| Name: | |
| Address: | |
|  | |
| Email: | |
| Telephone No.: | NZSSA Member No.: |
|  | |
| Year of graduation from Certificate in Sterilising Technology: | |
| Length of employment in Sterile Service: | |
| Current place of employment: | |
| Manager’s name: | |

**Before sending in your application, please complete the following checklist to ensure you have provided all the necessary documentation:**

|  |  |
| --- | --- |
| ⃝ | Completed application form |
| ⃝ | Copy of NZSSA Membership Card |
| ⃝ | Copy of Certificate in Sterilising Technology or recognised equivalent |
| ⃝ | Record of Continuing Education (CE) form |
| ⃝ | Proof of attendance certificate in chronological order matching the CE form (original is preferred or copy verified by your manager as a true copy) |
| ⃝ | Practice hours verified and signed by your manager or department delegated person on CE form |
| ⃝ | CV |
| ⃝ | Exemplar of Practice |
| ⃝ | Copy of Professional Development Plan |

Continued over page

**Application for Registration Form**

**Scan, email or post your portfolio to:**

|  |  |
| --- | --- |
| **Martin Bird**  TSU Coordinator, Sterile Services  Dunedin Hospital  Private Bag 1921  DUNEDIN  [martin.bird@southerndhb.govt.nz](mailto:martin.bird@southerndhb.govt.nz) | **Kerry Nicholls**  CSSD Manager  Wakefield Hospital  Private Bag 7909  WELLINGTON  [kerry.nicholls@wakefield.co.nz](mailto:kerry.nicholls@wakefield.co.nz) |
|  |  |

**PLEASE NOTE:**

**If you choose to post your portfolio, please include a prepaid return address envelope.**

After the portfolio has been assessed and verified as meeting the registration criteria, it will be returned to you with your Certificate of Registration.

|  |  |  |
| --- | --- | --- |
| **NZSSA USE ONLY** | | |
| Application: | | |
| ⃝ Approved | | ⃝ Not Approved |
| Reason for non-approval: | | |
|  | | |
| Signed: | Date: | |