Phlebotomy Training Application

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| --- | --- |
| Trainee Surname |  |
| Trainee First name(s) |  |
| Contact phone number |  |
| Nursing council Registration number if applicable |  |
| Tertiary Qualifications |  |
|  |  |
| Previous (relevant) work experience |  |
|  |  |
| Surgery / Employer |  |
| Practice Manager |  |
| Practice manager signature, for approval of training.(Charge of NZ$ 400 (+GST) for 8 hours of training) |  |
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| Phleb Training completed: Date: Invoiced: | Signed Trainer: Office initial: |