



**Centre for
Health &
Social
Practice**

CITY
CAMPUS

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PROFESSIONAL INDEMNITY INSURANCE

CERVICAL SCREENING CERTIFICATION COURSE

Please return with your enrolment application

Full name: _____

Address: _____

Home phone no: _____

Work place: _____

Work place address: _____

Work phone no: _____

Health qualifications and year achieved i.e. Nursing or other, please state):

Do you have professional Indemnity Insurance?

NZNO Member _____

Other _____

Please briefly identify:

1 The priority group/s of women to whom you can offer your service?

2 Geographical area/district covered?

3. What clinical experience have you had to date in the taking of a cervical sample? (estimate numbers/over what period of time)

4. What arrangements have you made for the practical supervision of your cervical screening practice during your training period?
