

Application For Membership Special Practice Network (SPN)



MEMBERSHIP APPLICATION FORM:

Special Practice Networks (SPNs) provide the opportunity for HSANZ associate nurse members working in specialist areas to readily identify each other, work on shared research and clinical practice initiatives, share information and through learning contribute to improved knowledge in a specific area of nursing practice.

CRITERIA FOR MEMBERSHIP

SPN members must be an associate nurse member of HSANZ and be working in an area of haematology related to the chosen Special Practice Network.

Please indicate which SPN you would like to join

Myeloma	
MDS / MPN	

Name	
Job Title Work Address	
HSANZ Membership number If unknown contact admin@hsanz.org.au to find out	
Work Email Address	
In which State, Territory or NZ Island do you work?	
Please include a short supportive statement describing your particular areas of experience relating to the chosen SPN. <i>Write here or attach separate page</i>	

Signature of Applicant: _____

Date: _____

Completed forms are to be addressed to the HSANZ NG President and submitted via email to nurses@hsanz.org.au