



## MEMBERSHIP APPLICATION QUT-MN NURSING AND MIDWIFERY ACADEMY

### New Applicants

To apply for membership, please feel free to email or speak to the **SPHERE** Group Lead, complete the application noting that you are to select **1 x Sphere group only**.

Please return to the QUT-MN Nursing and Midwifery Academy ([nursing.academy@qut.edu.au](mailto:nursing.academy@qut.edu.au)) with the following attachments:

- Curriculum Vitae (maximum of 2 pages); and
- A statement of maximum 250 words detailing how you will contribute to the vision, objectives, and activities of the Academy through your nominated **SPHERE Group**.

I consent to my information being processed and retained by QUT and MNH for the purpose of Academy membership application.

I consent

I do not consent.

<b>Personal Details (please complete all details)</b>				
<b>Name</b>				
<b>Position title</b>				
<b>Facility</b>				
<b>Name of employer</b>				
<b>Postal address</b>				
<b>Email contact</b>				
<b>Contact numbers</b>	Work:	Mob:	AHPRA Registration No:	
<b>Please select 1 x SPHERE Group only</b>	<input type="checkbox"/> Group 1 <b>Professional and Clinical Excellence</b>	<input type="checkbox"/> Group 2 <b>Entry to Practice</b>	<input type="checkbox"/> Group 3 <b>Postgraduate - Teaching and Learning Professional Education</b>	<input type="checkbox"/> Group 4 <b>Research and Implementation</b>

<b>Application Details (please complete all details)</b>	
<b>Application type</b>	<input type="checkbox"/> New membership
<b>Applicant statement</b>	<p>I ..... (applicant name)            agree to abide by the Academy Membership            criteria for the term of my membership.</p> <p>Signature .....</p> <p>Date .....</p>

<b>OFFICE USE ONLY</b>	
<b>Application Endorsement</b>	<input type="checkbox"/> Application supported <input type="checkbox"/> Application not supported (provide rationale)
<b>Chief Nursing and Midwifery Officer (or delegate) Metro North Health</b>	<p>Name .....</p> <p>Signature .....</p> <p>Date .....</p>
<b>Head of School, QUT School of Nursing</b>	<p>Name .....</p> <p>Signature .....</p> <p>Date .....</p>