## **Member Network Application for Northern Sydney Nurses Network**

First Name: Preferred Name (if different):

Last Name:

APNA membership number (if applicable):

Mobile: Email:

Nursing qualification (s):

Workplace/Organisation(s):

Work Address:

Work Postcode:

Phone (wk): Fax (wk):

What describes your current role?:

Do you have an area of special interest?:

This information will be used for the purpose of the network and will not be shared with a third-party other than which is specified.

Do you give your permission?

1. To share your information with the Australian Primary Health Care Nurses Association (APNA)? Y/N
2. Use your image for purpose of presentation and/or promotional material? Y/N

The network coordinator and participants must comply with all applicable Commonwealth and State privacy laws and the privacy principles under those laws: <https://www.oaic.gov.au/individuals/privacy-fact-sheets/general/privacy-fact-sheet-17-australian-privacy-principles>

For further information regarding the Nursing and Midwifery Board of Australia Code of Professional Conduct for Nurses in Australia visit: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return form to email:** [info@northernsydneynursesnetwork.com.au](mailto:info@northernsydneynursesnetwork.com.au) **or alternately fax:** 99483268

An invoice will be generated once your application is accepted.

Website: <https://northernsydneynursesnetwork.com.au/>

Facebook: [https://facebook.com/groups/1578924385657955](https://m.facebook.com/groups/1578924385657955)

Office Use Only

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| --- | --- | --- | --- |
| Date received: | Email acceptance: | Database enter: | Scanned: |
| Member No: | Excel update: | Invoice Sent: |  |