

NZIMRT Workshop Volunteer Application Form

Name: _____

NZIMRT Membership Number: _____

Scope of Practice(s): _____

Area(s) of Expertise: _____

Availability: _____

What is it about this opportunity that appeals to you and? (Please describe in 1-2 paragraphs why you wish to be considered including the skills you can offer & the benefits you may gain).

Please attach copy of you curriculum vitae and email with your completes application form to:
nzimrt@nzimrt.co.nz