

Palliative Care Nurses **AUSTRALIA**

Nomination for Membership (cont.)

Current place of work: _____

What is your role?: _____

What is your area of specialty?: _____

What is your highest qualification?: _____

How did you hear about us? _____

What activities or functions would you like this group to provide? _____

Can you **help** with any of the following:

	Yes	No
Conference Organising Committee	<input type="checkbox"/>	<input type="checkbox"/>
Assist with a members' survey	<input type="checkbox"/>	<input type="checkbox"/>
Participate in committees as a representative of the group	<input type="checkbox"/>	<input type="checkbox"/>
Working group on establishing competencies	<input type="checkbox"/>	<input type="checkbox"/>
Working group assessing workforce needs,	<input type="checkbox"/>	<input type="checkbox"/>
Working group to develop educational packages	<input type="checkbox"/>	<input type="checkbox"/>
Working group developing web-based supports	<input type="checkbox"/>	<input type="checkbox"/>

email us at:
pcna@pallcare.org.au



For Office Use Only

Information Collected: ___/___/___

Data Entered: ___/___/___

Receipt Sent: ___/___/___

palliative care nurses

Palliative Care Nurses Australia



Australia

welcome

Palliative Care Nurses AUSTRALIA

Within the structures of Palliative Care Australia, we aim to establish a special interest group of nurses interested in palliative care. This group would be distinctive and autonomous, with its own membership, terms of reference and professional agenda.



The group welcomes nurses working in palliative care as well as nurses interested in the area.

The objectives of the group include:

- establishing and promoting professional standards of palliative care nursing;
- providing forums for collaborative support and facilitation of research and other clinical innovations;
- fostering the professional development of nurses;
- contributing the nursing voice to national debates on the development of palliative care and related issues;
- responding to the changing needs of palliative care nurses and the populations they represent.

Join in and have your say at directing palliative care nursing in Australia!

Palliative Care Nurses **AUSTRALIA**

Nomination Form

Name: _____

Address: _____

Telephone: (W) _____

(AH) _____

Email: _____

Designation: RN EN
(please tick) Personal Carer Other

Yearly Subscription \$60.00 (receipt provided)
Payment Credit card (Bankcard, MasterCard, Visa only) or cheque/money order payable to "PCNA"

Forward registration to:

PCNA Treasurer
C/o Palliative Care Australia
PO Box 24 Deakin 2600 ACT