



## Applicant details

New Member     Renewing Member

APNA Membership Number (if known) .....

First Name ..... Initial .....

Surname ..... Date Of Birth ..... / ..... / .....

Home address .....

Suburb ..... State ..... Post Code .....

Country .....

Practice/Work Place Name .....

Address .....

Suburb ..... State ..... Post Code .....

Country .....

Locality                       Urban     Rural     Remote

Preferred mailing address     Work     Home

Home Phone ..... Work Phone .....

Mobile Phone ..... Work Fax .....

Email address .....

Nursing Qualification     RN/Div 1     EN/Div 2     N/A

Nurse Registration Number .....

### What best describes your work type (tick box)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> GP Private Practice | <input type="checkbox"/> GP Corporate Practice    | <input type="checkbox"/> Community Health Centre | <input type="checkbox"/> University Health Centre |
| <input type="checkbox"/> Education/Research  | <input type="checkbox"/> Aboriginal Health Centre | <input type="checkbox"/> Division of GP          | <input type="checkbox"/> School                   |
| <input type="checkbox"/> Prison              | <input type="checkbox"/> Other .....              |  |   |

### Please select your areas of interest (tick box)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Aged Care           | <input type="checkbox"/> Women's Health             | <input type="checkbox"/> Men's Health     | <input type="checkbox"/> Infection Control   |
| <input type="checkbox"/> Cardiovascular Care | <input type="checkbox"/> Immunisation               | <input type="checkbox"/> Cancer           | <input type="checkbox"/> Asthma/COPD         |
| <input type="checkbox"/> Mental Health       | <input type="checkbox"/> Maternal & Child Health    | <input type="checkbox"/> Health Promotion | <input type="checkbox"/> Care Plans          |
| <input type="checkbox"/> Population Health   | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Wound Management | <input type="checkbox"/> Lifestyle Education |
| <input type="checkbox"/> Practice Management | <input type="checkbox"/> Chronic Disease Management |   |  |



Australian Practice Nurses Association Inc  
PO Box 55, Carlton South, Vic, 3053

Tel: 03 9669 7400  
Fax: 03 9669 7499

Email: [admin@apna.asn.au](mailto:admin@apna.asn.au)  
[www.apna.asn.au](http://www.apna.asn.au)

ABN 30 390 041 210

