Practice Nurse Salary Subsidy Application Form 6 MINISTRY OF HEALTH



Name of doctor applying for subsi	idy			
Practice name				
Address				
Phone number	PAYEE number (compulsory)			
Total hours doctor works				
PNS hours available				
PNS hours being applied for	Increase (decr	rease)		
Application for doctor hours				
Please list the number of hours wor	ked for each doctor	at the practice (full-time and	d part-time)	
Doctor's full name	NZMC number	Hours worked per week	PNS hours claimed	
	Total PNSS hours			
Application for nurse				
Nursels name		APC No		
Nurse's name Penlacement/additional purse (please sirele)				
Replacement/additional nurse (please circle) Commencement date		Replacing nurse Hours worked per week		
Commencement date		nours worked per week		
Please attach: Copy of current an	nual practising certi	ficate		
Practice nurse job	description			
Tractice Harse job	aescription			
I certify that the above particulars are tr in a nursing capacity under my supervis periodically visit my practice to hold disc	ion. I understand that	the Medical Officer of North H		
Signature of medical practitioner	Signature of	nurse	 Date	