# Venepuncture Refresher Training Application Form

**Name:** ……

**Contact Number:** ……

**Name of Medical Practice:** ……..

**Address of Medical Practice:** ……

……

**Medical Practice Tel No:** ……... **Fax No:** ……

**Are you employed in a permanent position by this Medical Practice?** Yes / No

**Qualified/Employed as:** ☐ Registered Nurse ☐ Enrolled Nurse ☐ Student Nurse

☐ Phlebotomist ☐ Other (please state) ……..

**No. of hours per week you are employed:** ☐ 10hrs ☐ 20hrs ☐ 30hrs ☐ 40hrs

**Previous experience performing venepuncture:** ☐ None ☐ 1yr ☐ 2yrs ☐ More

**No. of patients per month you anticipate collecting blood samples from:**

☐ 20 ☐ 30 ☐ 40 ☐ 50

**No. of staff at your Medical Practice with venepuncture experience?** ……..

Canterbury SCL

Please return completed form to: ***dale.russell@sclabs.co.nz***

May 2020