APPLICATION FOR

DIPLOMA ROUTE TO REGISTRATION AS A MEDICAL LABORATORY SCIENTIST

TO BE COMPLETED BY THE APPLICANT

My Name

My registration number   30-

Email Address

I agree to notify the Council in the event that I terminate my employment in this laboratory, or I cease to have the support of this laboratory to undertake the diploma course

Signature: _____   Date: _____

TO BE COMPLETED BY THE EMPLOYER

Name of employer

Name of supervisor   **Registration number** 30-

Position held

I certify that _____ (applicant name) is employed in the _____ department of this laboratory and has the support of this laboratory to undertake the practical component of the Graduate Diploma in Science course of study leading to registration as a medical laboratory scientist in New Zealand. I agree to notify the Council in the event that he/she terminates employment in this laboratory or ceases to have the support of this laboratory to undertake the Graduate Diploma course.

I certify that the above laboratory has full ISO 15189 accreditation status.

Signature: _____   Date: _____

(*Please note, should the candidate change employment during the course of his/her study programme he/she will need to get this section completed again by the new employer*)

Level 7, Perpetual Guardian
99 Customhouse Quay   PO Box 11-905   T: 64 4 801 6250
Wellington 6011   Wellington, 6142   msc@medsci.co.nz
                                                                                                                      www.mscouncil.org.nz

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University _____

Name _____

I certify that _____ (applicant name) is eligible to enrol in the Graduate Diploma in Science (Medical Laboratory Science).

OR

I certify that _____ (applicant name) will be eligible to enrol in the Graduate Diploma in Science (Medical Laboratory Science).

Signature: _____   Date:_____

OFFICE USE ONLY

Date application received   _____

Application (circle)   Approved   Declined

Signature: _____   Date:_____

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