

**APPLICATION FOR
DIPLOMA ROUTE TO REGISTRATION AS A MEDICAL LABORATORY SCIENTIST**

TO BE COMPLETED BY THE APPLICANT

My Name

My registration number

30-0

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 30-0

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)



TO BE COMPLETED BY THE UNIVERSITY (CHOOSE ONE OPTION ONLY)

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: _____