

Application to establish a Special Practice Network (SPN)



GUIDELINES

Applicants are required to provide the following information to demonstrate the need for the establishment of the nominated SPN. Any queries regarding this application can be forwarded to nurses@hsanz.org.au

SPN Name	
Interim Chairperson Name	
Planned Date of Formation	

INTRODUCTION AND BACKGROUND TO THE SPN

NEED FOR THE SPN (E.G PREDICTED MEMBERSHIP NUMBERS, PREVIOUS ACTIVITIES)

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PLANNED PROFESSIONAL AND EDUCATIONAL ACTIVITIES FOR THE COMING 12 MONTHS (to include aims and objectives of group)

PLANNED PROMOTIONAL AND RECRUITMENT ACTIVITIES

CURRENT OR PLANNED RELATIONSHIP/S WITH OTHER ORGANISATIONS OR GROUPS

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HOW YOU BELIEVE THE FORMATON OF THE SPN WILL CONTRIBUTE TO THE OBJECTIVES OF HSANZ NG

PROPOSED MEMBERS OF STEERING COMMITTEE WHO WILL OVERSEE SPN ACTIVITIES UNTIL SCHEDULED ELECTIONS FOR THE SPN POSITIONS

Signature of Applicant: _____

Date: _____

Completed forms are to be addressed to the HSANZ NG President and submitted via email to nurses@hsanz.org.au