

# Registration form 2026

|               |  |
|---------------|--|
| Name:         |  |
| Organisation: |  |
| Email:        |  |
| Mobile:       |  |

| Courses                           | Code  | Date | Cost |
|-----------------------------------|-------|------|------|
| Foundations in palliative care    | PC01  |      |      |
| Syringe driver workshop           | PC02  |      |      |
| Syringe driver annual update      | PC03  |      |      |
| The Palliative Care Approach      | FOPC1 |      | Free |
| Managing pain & long-term Illness | FOPC2 |      | Free |
| Care & Support at the end-of-life | FOPC3 |      | Free |
| <b>Total Fee</b>                  |       |      |      |

Please return registration form via email to:

[hospice@nursemaude.org.nz](mailto:hospice@nursemaude.org.nz)

Pay by direct credit or request an invoice

(Tick appropriate box)

**Direct credit**

Use your name as reference and course code to:

Bank: BNZ

Account Name: Nurse Maude

Account Number: 02—865-0057217-02

**Request an invoice**



Ballroom & Board Room in McDougall House

24 McDougall Avenue, Merivale

Christchurch 8014

[www.nursemaude.org.nz](http://www.nursemaude.org.nz)