Health New Zealand
Te Whatu Ora
MidCentral | Te Pae Hauora o Ruahine o Tararua

2025 Enrolment Request
External Learners 2025
within the MidCentral Rohe

Please ensure all Blue boxes are correctly filled

Name:		**Phone Number:**	
Work Place:		**Role/Position:**	
Address:		**Unique Work Email:**	
		Home Email:	
Have you had a Ko Awatea LEARN (KAL) Acct?:	Please	**Previous KAL Acct User Name** (if applicable)	

Course Name	Pref Date	Alt Date	Cost *(ex GST)*	GST
Select a course			$ 0.00	$ 0.00
Select a course			$ 0.00	$ 0.00
Select a course			$ 0.00	$ 0.00
Select a course			$ 0.00	$ 0.00
		Totals	$ 0.00	$ 0.00

Payment Due inc GST $ 0.00

Terms and Conditions

- All course costs must be paid, in full, no later than 14 days prior to training, unless prior arrangements have been made.
- Registrations are processed on a first-come-first-served basis. Please ensure you provide an alternative date.
- Handwritten enrolment forms will not be accepted. All enrolments must be received by email. Please save this form as a file and email to education@midcentraldhb.govt.nz.
- MidCentral reserves the right to cancel a registration or course.
- In the event of a cancellation we will offer an alternative date or a refund of the received course fee.
- Amendment or cancellation requests will only be actioned when received by email.

☐ *By checking this box, you confirm that you have read and agreed to the Terms and conditions and have authorisation to submit this enrolment request.*

Payment Details - Receipt will be emailed to you

Payee:	Te Pae Hauora o Ruahine o Tararua|MidCentral
Account Number:	02 0727 0057067 00
Reference:	Participant Name
Code:	Course Code from External Booklet
	Please add Payment Code to the course code ie "ENURSCOREA01 - M"

Date of Payment: Payee Name:

Any queries please contact the Education Team on education@midcentraldhb.govt.nz (preferred) or phone: 06 350 9182

Update JC 21/01/2024

Reset Form