

Te Ao Maramatanga

New Zealand College of
Mental Health Nurses Inc.



MEMBERSHIP APPLICATION

www.nzcmhn.org.nz

July 2004

MEMBERSHIP - WHAT'S IN IT FOR YOU?

Te Ao Maramatanga (New Zealand College of Mental Health Nurses) Inc. is the professional body for practising Mental Health Nurses in New Zealand

OBJECTIVES OF THE COLLEGE

- represent** the professional interests of psychiatric and/or mental health nurses in Aotearoa New Zealand and those enrolled nurses who work in mental health setting in Aotearoa New Zealand;
- promote** and develop the identity of psychiatric/mental health nurses as specialists working in a clinical speciality field via representation and liaison;
- obtain** recognition of the professional status of psychiatric/mental health nurses and to promote public awareness of mental health nursing;
- advance** the educational and clinical expertise of members;
- promote** and develop nursing codes of ethics, education and practice which are culturally safe and encompass the three articles of the Treaty of Waitangi and the principles of Kawa Whakaruruhau
- approve** national standards of practice taking into account the unique cultural, social and political conditions existing in Aotearoa New Zealand to guide members in their professional practice;
- develop** and support research which may benefit the community and the profession;
- promote** clinical career pathways within the clinical speciality field;
- promote** awareness of the members about political decisions which may affect the clinical and professional role of those members;
- form** links with other health professional bodies in Aotearoa New Zealand and internationally.

BENEFITS TO MEMBERS

Access to effective communication, consultation and networking

The College website <http://www.nzcmhn.org.nz> provides information on access and special membership rates to conferences and seminars, workshops and continuing education programmes in your region

The latest information on practice, education and research

Subscription to the International Journal of Mental Health Nursing, and College newsletters; Notification of Monographs and occasional publications; Access to research information, grants and scholarships

A professional and ethical base for practice

A copy of the published Standards of Practice for Mental Health Nursing in Aotearoa New Zealand; Access to benchmarking and evidenced based practice information

Professional identity, recognition and autonomy

A common purpose, set of goals and professional interests with others; Recognition of practice, commitment and contribution through Fellowship; Membership and Fellowship investiture and access to the annual Oration

Professional support and security with highly competitive premiums

Access to legal advice and expenses through the Health Professionals Insurance Plan*; on-going professional support from your colleagues and College networks

Opportunities for partnership and collaboration

Involvement and participation with colleagues, consumers and carers; benefits of affiliation and partnership with other organisations; involvement, collaboration and consultation with key government and non-government organisations and peak sector bodies in the future of mental health care.

Collective opportunity and voice

International infrastructure and links to overseas mental health nursing networks; a professional voice within the politics of health care

* Indemnity insurance is arranged separately by each member. Application forms are available on the College website.

Please send completed application form to :

The Treasurer, Te Ao Maramatanga (New Zealand College of Mental Health Nurses) Inc.

PO Box 83-111, Edmonton Road, Auckland

1. Personal and professional details:

Full Name: _____

Home Postal Address: _____

_____ Postcode: _____

Home Telephone: _____ Home Fax _____

Home Email: _____

Place of Work: _____

Work Address: _____

_____ Postcode: _____

Work Telephone: _____ Work Fax _____

Work Email: _____

Position: _____

Clinical Area or Speciality: _____

2. Professional qualifications:

Nursing registrations: EN RCpN RPN RPdN Nurse Practitioner (circle those relevant).

Other (please specify) _____

3. Academic

Institution	Qualification	Year Awarded

4. Fellow of ANZCMHN: Yes / No

5. Maori caucus

College members who identify as Maori are members of Maori Caucus as of right.

Please indicate here if you identify as Maori.

6. Research interests and experience:

Outline your research interests and experience below (include methodologies if appropriate)

Do you wish to have you name included in the College Research Directory? Yes / No

7. Category of Membership:

Please tick the appropriate boxes below

- Ordinary Member:** for registered nurses with an interest in the field of mental health
- Fellow:** for registered nurses who are / were fellows of ANZCMHN prior to 2005
- Associate Member:** for those people with a special interest in the mental health field, who are not otherwise eligible for full membership, for example Enrolled Nurse, Mental Health Support Worker, Psychiatric Assistant
- Student Rate:** (4 years maximum) for full-time undergraduate nursing students and RNs enrolled in a full-time postgraduate course with relevance to mental health nursing. Evidence of current enrolment **must** accompany applications and renewals (Note: other full-time students may apply for special consideration)
- Corporate Rate:** for organisations or institutions associated with mental health

8. Declaration:

I hereby apply for membership of Te Ao Maramatanga (New Zealand College of Mental Health Nurses) Inc. I agree to abide by the Constitution of the College that may be in force at any one time.

Signature: _____ Date _____

9. Payment Amount

- Fellow : \$NZ180.00
- Ordinary Member : \$NZ180.00
- Associate Member : \$NZ90.00
- Student Rate : \$NZ70.00
- Corporate Rate : \$NZ516.50

10. Method of Payment:

- Cheque or Money Order Salary deduction (complete attached form)
- Credit Card Payment Direct debit (arrange this directly with your bank)

Please debit my: Bankcard MasterCard Visa

Cardholder's Name: _____

Card Expiry Date: _____ Total Authorised Amount: \$NZ _____

Signature: _____ Date: _____

Payroll Deduction:

Please note that payroll deduction is not available for Corporate Members.

Please attach a copy of Payroll Deduction Authority available from the College website, www.nzcmhn.org.nz

Fortnightly rates are

Fellows \$NZ6.92

Ordinary Members \$NZ6.92

Payroll deductions are not provided by all employers

AUTHORITY TO DEDUCT MONIES FROM WAGES OR SALARY

To the employing Authority:

I _____ HEREBY AUTHORISE YOU to pay the
Member Surname *Initials*

Te Ao Maramatanga (New Zealand College of Mental Health Nurses) Inc.

(hereafter called "the College") at your discretion the sum of _____ per fortnight (hereafter called "the subscription") out of any wages or salary due or becoming due to me by the employing authority provided, however, that where the scale or rates of subscription is varied in accordance with its rules, the amount of the subscription is varied accordingly following receipt of notice in writing from the College of such variation.

Signature of member: _____

Witness to Signature: _____

Employed at: _____

Pay Number: _____ Date: _____

Please send details of payments made to:

The Treasurer, Te Ao Maramatanga (NZCMHN) Inc
PO Box 83 111 Edmonton Road, Auckland

Direct deposit to:

Account Number: 12-3150-0185083-00

Account Name: Te Ao Maramatanga (NZCMHN) Inc