## Name of proposed SIN

|  |
| --- |
|  |

## Additional Information

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| --- |
| Please include information such as why there is a need for this group, likely numbers, and any specific challenges within your practice area that you feel the SIN can support. |

## Details of Network Co-ordinators (Minimum of two, max of three)

|  |  |
| --- | --- |
| Name | Confirm current NZHPA member |
| Job Title & Workplace details | Preferred email address |

|  |  |
| --- | --- |
| Name | Confirm current NZHPA member |
| Job Title & Workplace details | Preferred email address |

|  |  |
| --- | --- |
| Name | Confirm current NZHPA member |
| Job Title & Workplace details | Preferred email address |

Network Co-ordinator Responsibilities

* Leading and co-ordinating group activities
* Adding new members to the communication group
* Moderating any electronic discussion forums e.g. email chat groups, text message apps
* Being the contact point between the group and the NZHPA Exec and the NZHPA Administrator

## Agreement

We, the named Network Co-ordinators agree that the

……………………………………………………………………………………………………………………………………………………SIN

is a subgroup of the NZHPA and will conduct ourselves in accordance with general rules of NZHPA.

Signed

|  |  |  |
| --- | --- | --- |
| Network Co-ordinator Name | Signature | Date |
| 1) |  |  |
| 2)  |  |  |
| 3)  |  |  |

Authorised by

|  |  |  |
| --- | --- | --- |
| NZHPA Exec member  | Signature | Date |
| President |  |  |
| Training & Development Officer |  |  |

**--------------------------------------------------------------------------------------------------------------------------------------**

**Administration Use Only**

Network Co-ordinators informed of outcome 🞏

SIN information added to membership application / subscription form 🞏

Establishment of new SIN communicated to members via email 🞏