

New Zealand Committee of Pathologists
Affiliated to The Royal College of Pathologists of Australasia
and incorporating the NZ Society of Pathologists
Database Questionnaire

As the data below is needed for the mailing list and workforce surveys, we seek your help in ensuring that the NZ Committee database is accurate and **updated regularly**. Please complete the questionnaire fully and post it within a week to: **Professional Administrator, NZ Committee of Pathologists, PO Box 14-108 Kilbirnie 6241, Wellington. Alternatively, fax to (04) 387 8209**

Initials:

First Name:

Surname:

Date of Birth:

Address1: (Department/Laboratory)

Address2: (Street Address)

Address3: (Suburb; or PO Box; or Private Bag)

Address4: (City)

Phone (home):

Phone (work):

Extn:

E-Mail Address:

Mobile:

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Specialty (mark appropriate box on left of category):

- General Chemical Immunology Anatomical Path Haematology
 Microbiology Other (please specify)

Current Supervisor:

Preferred address for correspondence (if different from above):

Signature:

Date: / /200

<u><i>Year completed</i></u>	
PS	-----
Part I	-----
Part II	
JSAC	YES/NO
Rotation	YES/NO