

AUTHORISATION TO ACT ON BEHALF

I, _____ currently residing at
_____, hereby authorise
_____ to act on my behalf relating to
dealings with the Nursing Council of New Zealand for my application for registration, including phone and email
enquiries relating to this matter. All acts carried out by _____
on my behalf shall have the same effect as acts of my own.

Signed

Print Full Name

Dated

Address

Personal email

Phone No.

Authorised Person's Details

Name

Print Full Name

Organization

Address

Phone No,