Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

REQUEST FOR ANALYSIS OF EXAMINATION RESULTS

TO APPLY FOR AN ANALYSIS OF YOUR EXAMINATION RESULTS PLEASE COMPLETE THIS FORM AND ATTACH A BANK CHEQUE FOR $77.00 (INCLUSIVE OF GST) OR YOUR CREDIT CARD DETAILS

IF PAYING BY BANK CHEQUE – PLEASE WRITE YOUR FULL NAME AND 'ANALYSIS OF July 2010 EXAMINATION RESULTS' ON THE REVERSE

Candidate or Registration Number:.....

Examination*:* .....

Name: .....

Address to which analysis is to be posted:

.....

.....

.....

.....

Visa or Mastercard Payments

The Nursing Council of New Zealand accepts payment by Mastercard or Visa.

If you wish to pay by Mastercard or Visa, please fill in the details below.

☐ Visa ☐ Mastercard Amount Payable: $.....

Card Number Expiry Date

Cardholder's Name

.....

Cardholder's Signature Date

…… ……

Return this form with your payment to Tara Bourke, Nursing Council of New Zealand, PO Box 9644, Wellington, 6141.