

Fax-Back Form

To: Annette Straugheir
Company: Pharmaceutical Society of New Zealand (Inc)
Fax: 04 382 9297

Sender: _____
Organisation: _____
Date: _____

Workplace Assessor Training

- I have already completed Workplace Assessor Training
- Name: _____
- Year Training Completed: _____
- Number of hours worked per week: _____

Or

- I have not yet completed Workplace Assessor Training. Please add my name to the list for the next available workshop and contact me regarding this closer to the time.
- Name: _____
- Pharmacy name: _____
- Pharmacy address: _____
- Phone: _____ Fax: _____

Please fax this sheet to 04 382 9297 or mail it to PO Box 11 640, Wellington