



## POSTGRADUATE NURSING PROGRAMME MAORI PACIFIC SUPPORT END OF SEMESTER CLAIM FORM (External Providers)

**Employer needs to Invoice NDHB**  
(Contractors need to be set up with permission from the DON )

<b>Supervisors Name</b>		
<b>Name of Nurse Supervising</b>		
<b>Name of Organisation:</b>		
<b>Course/ Papers Nurse Studying</b>		
<b>Semester and year</b>		
<b>Maori Pacific Support Supervision or Mentoring Claim</b>		<b>Maximum available amount:</b> \$

**CHECK LIST**

Invoice Attached

Send to:  
PGNursing@northlanddhb.org.nz  
PG Nursing Coordinator  
Nursing & Midwifery Directorate  
*'Embracing Innovation and Excellence'*  
Northland District Health Board  
Private Bag 9742, Whangarei 0148

**OFFICE USE ONLY**

**PG Nursing Coordinator signature .....** **Date.....**

Cost code	Amount Reimbursed
	\$
5015215-2205-00071 (Supervision )	\$
	\$
<b>GST</b>	\$
<b>Total</b>	\$

**Director of Nursing and Midwifery: Signature .....** **Date.....**

**Business Analyst: Signature .....** **Date.....**