**Thank you for your participation.**

|  |  |
| --- | --- |
| accreditation standards: | Registered Nurse Re-entry |
| Responding to: | Consultation Paper 1 |
| submitting on behalf of An:  | Choose an item. |

|  |  |  |
| --- | --- | --- |
| FOR organisation’s submission |  | For individual’s submission |
| Organisation’s name: |  | Your name: |
|  |  |  |
| Best contact person’s name: |  | Your email: |
|  |  |  |
| Email: |  | Your contact number: |
|  |  |  |
| Best contact number: |  |  |
|  |  |  |

**Please select one of the following, so we know if we can share your feedback via our website.**

[ ]  This is a public submission that can be loaded onto the ANMAC website

[ ]  This is a private submission that cannot be loaded onto the ANMAC website.