

# Postgraduate Diploma in Specialty Care



## 1. Personal details

First or given name(s)

Surname or family name

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Signature

Student ID

Date

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## 2. Choose your endorsement

Select the courses you wish to complete.

### Semester One

#### Paramedicine (23 Feb - 19 Jun 2026)

- ☐ **HSC8722** Extended Care Paramedicine 1
- ☐ **HSC8642** Applied Pharmacology for Health Professionals

#### Pacific Health & Nursing (23 Feb - 19 Jun 2026)

- ☐ **HSC8623** Maukakala

#### Simulation Practice (23 Feb – 19 Jun 2026)

- ☐ **PROF8007** Simulation Practice

### Semester Two

#### Paramedicine (6 Jul – 30 Oct 2026)

- ☐ **HSC8723** Extended Care Paramedicine 2
- ☐ **HSC8639** Paramedic Specialty Practice

#### Pacific Health & Nursing (6 Jul – 30 Oct 2026)

- ☐ **HSC8624** Su'e su'e Manogi

## 3. Once complete, email or attach

When you've fully completed the above form, email this form to/attach this form with your enrolment, and email it to:

✉ [enrolments@whitireia.ac.nz](mailto:enrolments@whitireia.ac.nz)