**Authors Submission Form**

Transfer of Copyright

In order to comply with NZ copyright law, **all** authors who have submitted a manuscript must give their permission for the manuscript to be published by ***Nursing Praxis in New Zealand (Nursing Praxis)*** by completing and signing this form. Your signature on this form expressly transfers copyright on the manuscript and its contents (tables, figures, photos, etc.) to ***Nursing Praxis*** in the event that Nursing Praxis publishes it in digital and/or print media now and hereafter. Failure to sign will necessitate the return of your manuscript.

In consideration of ***Nursing Praxis*** taking action in reviewing and editing my manuscript, I/we the undersigned author/s hereby transfers, assigns, or otherwise conveys all copyright ownership to ***Nursing Praxis*** in the event that such work is published in media now and hereafter invented.

I/we, the undersigned author/s, further acknowledge that all the material contained within the manuscript is original and not previously published or under consideration for publication elsewhere, and will not be published elsewhere, either in whole or partially, except in abstract form until a decision is made by ***Nursing Praxis***.

I/we, the undersigned author/s, also assume responsibility for obtaining the necessary permission when using previously published materials such as tables or figures.

I/we also certify that any affiliations with or involvement in any organisation or entity with a direct financial interest in the subject matter or materials discussed in the manuscript (e.g. funding, employment, consultancies, stock ownership, honoraria, expert testimony) are disclosed in a separate descriptive paragraph attached to this form.

|  |  |  |
| --- | --- | --- |
| Title of Manuscript |  |  |
| Date |  |  |
| Authors (please number –  Main Author-1, others 2,3 etc\*) |  |  |
| Authors name |  |  |
| Qualifications / Degrees |  |  |
| Present Position |  |  |
| Place of Employment /City |  |  |
| Bus Hrs Phone |  |  |
| Hm Phone |  |  |
| Email address |  |  |
| Postal address –required for main contact person. |  |  |
| Conflict of interest | **** I have no conflict of interest to disclose. | **** I have no conflict of interest to disclose. |
| Signature |  |  |

\*If there are more than 2 authors - please submit additional Authors submission forms.

If this work has (a) been commissioned by an institute or an organisation, and/or (b) expressly named an institute or organisation, each author agrees that the institution/ organisation has approved the data presented in this article. An authorised representative of the institution/organisation **must** also sign this form.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Representative Name | Representative Position and Institution | Signature |
|  |  |  |  |

NOTE: Reprinting this article, in whole or part, mechanical or electronic, requires the permission of ***Nursing Praxis***.

***Submit this form with your manuscript by email (preferred), fax or post directly to Praxis office – details above.***