



The Physiotherapy Board of New Zealand

# Practising Status 2010/2011

Only complete this form if you are registered under the General Scope of Practice and you are currently a non-practising physiotherapist. This form is to determine your practising status for 2010/2011.

Registration Number:

Important notification under section 144 of the Health Practitioners Competence Assurance Act 2003 (HPCA Act)

### Current work and residential addresses

Please check that the addresses below are correct and note any changes required. Either your residential or your work address can be your mailing address, please tick the appropriate box. You may wish to use a PO Box or alternative address as your mailing address. You are legally required to provide the Board with a current postal and residential address.

<b>Residential Address</b>	<b>Work Address</b>	<b>Alternative Address</b>
<b>Mailing</b>	<b>Mailing</b>	<b>Mailing</b>
<b>Home email address:</b>		<b>Work email address:</b>
<b>Home Phone No.:</b>	<b>Work Phone No.:</b>	<b>Mobile Phone No.:</b>

### Ethnic group

Please check that the information below is correct and note any changes required.


### Ethnic Group Codes

00 NZ European	32 Cook Island Maori	40 South East Asian
10 Other European	33 Tongan	51 Chinese
11 Australian	35 Tokelauan	52 Indian
20 Maori	36 Fijian	60 Other Asian
31 Samoan	37 Other Pacific	88 Other - specify

If this box is blank please identify your ethnic group(s) from the table on the right and enter codes in the boxes.

### Name change (if applicable)

New name to be recorded in the Register: \_\_\_\_\_

Please attach evidence of your name change. A copy of your marriage certificate or deed poll must be certified by an authorising official (a Justice of the Peace, Solicitor or Notary Public) and ensure the official's address is included.

### Practise intentions

Under section 144 of the HPCA Act you must apply for one of the following options. Please tick the option that applies to you.

- I wish to retain my name in the Register and be a non-practising physiotherapist  
COMPLETE SECTION ONE – ALL THE QUESTIONS & DECLARATION TO BE RETAINED IN THE REGISTER & PAYMENT ADVICE
- I wish to cancel my entry in the Register  
COMPLETE SECTION TWO
- I wish to apply for an Annual Practising Certificate for the practising year 2010/2011  
YOU MUST COMPLETE AN APPLICATION FOR AN APC. The form is on the Board's website [www.physioboard.org.nz](http://www.physioboard.org.nz) or email the Board at [physio@physioboard.org.nz](mailto:physio@physioboard.org.nz)

Please return this application within one month from the date of receipt

# SECTION 1: APPLICATION FOR RETENTION IN THE REGISTER AS A NON-PRACTISING PHYSIOTHERAPIST

## ► Compulsory Questions

You are required to disclose information relating to your personal circumstances.

If the answer to any of these questions is YES then please provide details, including comments on the potential impact on your practice of physiotherapy, and supporting letters from your treating practitioner, supervisor or employer.

Provide information in a sealed envelope addressed "Confidential to the Registrar".

Please answer ALL the questions below

Since you last completed an application to be a non-practising physiotherapist or applied for an Annual Practising Certificate:

- |   |   |                           |                          |
|---|---|---------------------------|--------------------------|
| 1 | Have you been the subject of any adverse findings by an employer, professional body, Disciplinary Tribunal or the Health and Disability Commissioner or a similar authority in New Zealand or elsewhere?                    | <input type="radio"/> YES | <input type="radio"/> NO |
| 2 | Are you aware of any investigation pending or proceeding against you by an employer, professional body, Disciplinary Tribunal or the Health and Disability Commissioner or a similar authority in New Zealand or elsewhere? | <input type="radio"/> YES | <input type="radio"/> NO |
| 3 | Have you suffered from any mental or physical condition or impairment with the potential to affect your fitness to practise physiotherapy?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 4 | Have you been convicted of any criminal offence punishable by imprisonment for a term of 3 months or longer?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 5 | Are you aware of any criminal charges pending or proceeding against you in New Zealand or elsewhere?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 6 | Are you aware of any existing risk factors that may result in you endangering the health and safety of members of the public?   | <input type="radio"/> YES | <input type="radio"/> NO |

## ► Notes

1. It is an offence under section 172 of the HPCA Act to make a declaration that is false or misleading.
2. You must complete this form, sign the relevant declaration and return the entire form along with the appropriate fee.
3. **Send your complete application in the reusable/pre-paid envelope to:**

**Physiotherapy Board of New Zealand  
PO Box 10734  
Wellington 6143**



## SECTION TWO: CANCELLATION OF ENTRY IN THE REGISTER

### Cancelling Your Entry in The Register

If you cancel your entry in the Register you cannot practise as a physiotherapist in New Zealand and may not call yourself a physiotherapist.

You may apply to have your name restored to the Register if you wish to practise in the future. However restoration is not automatic, and you will need to show that you are fit for registration in accordance with section 16 and that you are not subject to pending disciplinary proceedings or an order of the Health Practitioners Disciplinary Tribunal.

In order to return to practise, you will also need to apply for and hold an APC. Before granting an APC the Board may, for example, require you to undergo a competence assessment and/or impose conditions on your APC, in order to satisfy itself that you meet the required standard of competence.

### Compulsory Questions

Please answer these questions. If you answer YES to any of these questions the Registrar may be unable to cancel your entry in the Register until these issues have been resolved. Please provide relevant information in a sealed envelope addressed "Confidential to the Registrar".

1. Have you been the subject of an adverse finding by an employer, professional body, Disciplinary Tribunal or the Health and Disability Commissioner or a similar authority in New Zealand or elsewhere?  YES  NO
2. Are you aware of any pending investigation or proceeding against you by an employer, professional body, Disciplinary Tribunal or the Health and Disability Commissioner or a similar authority in New Zealand or elsewhere?  YES  NO
3. Have you been convicted of any criminal offence or are you aware of any criminal charges pending or proceeding against you (including traffic offences involving alcohol or drugs) in New Zealand or elsewhere?  YES  NO

### ► Declaration: Cancellation of entry in the Register

**I wish to cancel my registration as a physiotherapist in accordance with section 144 (3) of the Health Practitioners Competence Assurance Act 2003.**

I understand that if my entry in the Register of Physiotherapists is cancelled I cannot legally practise as a physiotherapist in New Zealand.

I understand that if I wish to practise physiotherapy in the future I must have my name restored in the Register of Physiotherapists, AND apply for a current practising certificate.

I understand that the Physiotherapy Board of New Zealand may obtain further information concerning this application for cancellation of registration and I consent to the collection of such information by the Board or its agents.

I hereby declare that the information I have given in this application is true and correct.

Full Name:

Registration Number:

Signature of Registrant:

Date:

**Please note:** The physiotherapist concerned must personally sign this application if he/she is able to. If however, he/she is deceased, or through incapacity unable to, then another (next of kin, trustee, executor) should do so stating:

1. Their relationship to the physiotherapist.
2. The reason why the physiotherapist is unable to sign this form.