

VALIDATION OF WORK HISTORY



This form supports the applicant's application for registration with the General Scope of Practice

The Physiotherapy Board of New Zealand

Applicants are required to provide validation of their work history when applying for registration. These documents provide some evidence that you meet the competencies required for registration in New Zealand and support the information you have included in your portfolio.

COMPLETING THIS FORM

It is a mandatory requirement to complete all sections of this form when seeking registration in New Zealand. These documents should validate your employment history including your clinical experience, evidence that you are able to practise physiotherapy unsupervised and describe your knowledge and skills.

Select a referee who is responsible for you in a professional way and has direct knowledge of your work history and ongoing learning. You may choose your current employer or any other credible person who can support the authenticity of your clinical skills and knowledge. Relatives or friends are not suitable referees.

The Board may contact your referee to verify or clarify the information provided in this form.

PERSONAL DETAILS OF APPLICANT

Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr	
Given names:	
Surname/Family name:	
Previous name:	
Date of birth: / /	
Job title or position:	
Organisation & address:	
City:	
Country:	
Phone number: ()	Fax number: ()
Email address: <i>(please write clearly)</i>	

How long have you known the applicant? [] years [] months

APPLICANT INFORMATION – TO BE COMPLETED BY REFEREE

Describe the applicant's working environment. *(For example, the treatment setting i.e. rural hospital, the range of patients presenting and the main conditions treated.)*

Describe the applicant's assessment, treatment and evaluation methods. *(For example, the applicant's clinical reasoning, skills used in assessing patients, applicant's use of evidence-based research.)*

**RETURN THIS FORM**

Referees are to return this form directly to the Physiotherapy Board of New Zealand

Post by air mail this form to:

The Registrar
The Physiotherapy Board of New Zealand
PO Box 10 734
Wellington

Any further questions please contact the Board:

Telephone: 64 4 471 2610 or Fax: 64 4 471 2613