

## Application Form

Please complete this application form with reference to the Application Guidance Notes.

### Important Information about the Application Pack

#### This Application Pack

This Application Pack contains:

Application Form  
Statutory Declaration  
Curriculum Vitae  
Competency Templates  
Supporting Evidence

In addition to these sections, you must also include:

- Mandatory documents; and
- Confirmation of your employment details
- You must also organise for at least three patients/clients and four peers to complete a multi-source feedback questionnaire online

#### Completing and sending your application

##### Post your application to:

The Registrar  
The Physiotherapy Board  
PO Box 10 734  
Wellington 6143  
New Zealand

##### Courier your application to:

The Registrar  
The Physiotherapy Board  
Level 5, 80 The Terrace  
Wellington 6011  
New Zealand

### Preliminary Questions

#### Previous applications

Have you made any previous application for registration as a Physiotherapy Specialist with the New Zealand Physiotherapy Board?

Yes  No

If your answer is YES:

What was the date of your previous application with the Board?

State the name you used on your previous application:

**Area of Specialty**

**Which area of physiotherapy are you applying for registration as a Physiotherapy Specialist in?**

Cardiorespiratory	<input type="checkbox"/>
Pelvic Health	<input type="checkbox"/>
Hand Therapy	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>
Neurology	<input type="checkbox"/>
Occupational Health	<input type="checkbox"/>
Older Adults	<input type="checkbox"/>
Paediatrics	<input type="checkbox"/>
Pain	<input type="checkbox"/>
Sports	<input type="checkbox"/>

- I have been given permission from the Physiotherapy Board to apply to be a Physiotherapy Specialist in an area that is not on the above list.

I am applying for registration as a Physiotherapy Specialist in the following area:

- 

**Eligibility to Apply**

**Screening Questions**

**Please complete the following self-screening questions:**

**Qualifications and work experience**

- I have completed a minimum of a postgraduate Master's Degree programme, relevant to my nominated specialist area of physiotherapy practice.
- I have completed at least 6 years FTE clinical practice.
- I have completed at least 4 years of FTE clinical practice in my nominated specialty area of practice within the last 10 years.

**Full Registration and Annual Practising Certificate (APC)**

- I have full registration under the general scope of practice: Physiotherapist with the Physiotherapy Board of New Zealand.
- I hold a current Annual Practising Certificate (APC) entitling me to practise as a physiotherapist in New Zealand and I am not subject to any conditions or restrictions on my practice.

If you answered NO to any of the questions in this section (that are relevant to the specific area of specialty you are applying for registration as a Physiotherapy Specialist in) please do not continue with this application. You are **NOT** eligible to submit an application for registration under the specialist scope of practice: Physiotherapy Specialist at this time.

## Personal Details and Identification

### Important information

Please supply a certified copy of your current passport (personal details page(s) and any observations only) or driver's licence as evidence of your identity.

Please supply your personal details below.

### Personal Information

**Gender:**  Male  Female

**Title:**  Miss  Ms  Mrs  Mr  Dr

Enter details as stated on passport

**Given Names:**

**Surname/Family Name:**

**Previous Family Name (if applicable):**

**Date name changed (if applicable):**

**Date of Birth:**

Day/Month/Year

**Town and country of birth:**

### Postal Address

**Street Address:**

**Town/City:**

**Postcode/Zip code**

**Country:**

**Phone Number:**

**Fax Number:**

**Email address:**

## Qualifications

Clinically focused  
postgraduate Masters  
degree

Requisite Master's Qualification (state the full title):

Name and address of the institution where your requisite qualification was obtained:

Country:

Length of degree programme (in years):

Date commenced: Day/Month/Year

Date completed: Day/Month/Year

Date conferred: Day/Month/Year

## Fitness for Registration

In order to protect the health and safety of the New Zealand public, the Board must establish that you are fit for registration. Please answer all the following questions and, where necessary, provide relevant information.

Tick either "Yes" or "No" to all of the following questions.

If you answer 'Yes' to any of the competence and fitness to practise questions below, include with your Application Form an envelope marked 'strictly confidential' and enclose the specific information required (as detailed in the Guidance Notes).

Competence and Fitness  
to Practise Questions

Since you last applied for an APC:

Have you been the subject of any adverse findings by an employer, professional body, disciplinary tribunal, the Health and Disability Commissioner or a similar authority in New Zealand or elsewhere?

Yes

No

Are you aware of any investigations pending or proceeding against you by an employer, professional body, disciplinary tribunal, the Health and Disability Commissioner or a similar authority in New Zealand or elsewhere?

**Yes**                       **No**

Have you suffered from any mental or physical condition or impairment with the potential to affect your fitness to practise physiotherapy?

**Yes**                       **No**

Have you been convicted of any criminal offence punishable by imprisonment for a term of 3 months or longer?

**Yes**                       **No**

Are you aware of any criminal charges pending or proceeding against you in New Zealand or elsewhere?

**Yes**                       **No**

Are you aware of any existing risk factors that may result in you endangering the health and safety of members of the public?

**Yes**                       **No**

**Registration, certification  
or licensing outside of  
New Zealand**

Has any application you have made for registration, certification or licensing as a physiotherapist or as a provider of physiotherapy services been refused for any reason in another country, state or territory?

**Yes**                       **No**

Has any registration you hold or have held, referred to above, been made subject to any limitations, restrictions or conditions (including supervision requirements) on your physiotherapy practice?

**Yes**                       **No**

If you answer **Yes** provide a personally signed statement describing the circumstances.

## Evidence of Good Standing/Verification of Status

In order to demonstrate that you are of good standing as a physiotherapist overseas, the Board requires evidence of your national or state registration. The evidence should be in the form of a certificate of good standing/letter of verification of status from each of the overseas registration authorities you have been registered with for your last 6 practising years.

**Please note: If during the application for registration process your status with any other regulatory authority changes, you are required to notify the Board in writing.**

**ALL current and recent registrations held in last six years of practice (including specific, limited and/or temporary registration)**

**Registration Authority:**

**Country / State:**

**Registration Number:**

**Date valid to:**

Day / Month / Year

**Registration Authority:**

**Country / State:**

**Registration Number:**

**Date valid to:**

Day / Month / Year

**Please ensure you also list any applications you have made for registration (including applications that were withdrawn or declined and any prerequisite registration examinations)**

**Registration Authority:**

**Country / State:**

**Registration Number:**

**Date valid to:**

Day / Month / Year

## Case Studies

I have read the guidance about the requirements for two case studies to be provided with my application:

Yes

No

I have included two case studies with my application:

Yes

No

## Critical Evaluations of two Journal Articles

I have read the guidance about the requirements for critical evaluations of two journal articles to be provided with my application:

Yes  No

I have included critical evaluations of two journal articles with my application:

Yes  No

## Multi-Source Feedback Questionnaire

I have organised a minimum of three patients/clients and four peers to complete the Multi-Source Feedback Questionnaire on Survey Monkey:

Yes  No

## Supporting Evidence

I have provided supporting evidence relating to my physiotherapy experience gained since completing my requisite qualification referenced to the specialist competencies in line with Board requirements for submission with my application.

Yes  No

## Practical Clinical Assessment

I understand the second stage of the application process is a practical clinical assessment, and I must pay the costs involved in this assessment:

Yes  No

## Payment Advice

## Registration Number 70-

The fee for the portfolio assessment of NZ\$1,928.10 must accompany this application. Fees must be paid in NZ dollars by debit/credit card.

**Please note: Incomplete applications will be returned. An administrative fee of NZ\$150.00 will be deducted from your payment.**

Visa     Mastercard

**Card number:**

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**Card security number:**

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*For Visa or MasterCard this is the 3 digit number located on the back of your card on or above your signature line.*

**Expiry date:** Month/Year

**Name on Card:**

**Cardholder's Signature:**

I authorise the Physiotherapy Board to charge the credit card account above with the sum of NZ\$1,928.10 (GST incl).

## Sending your Application

Please ensure that all sections of this form are completed. Include all relevant documents. Incomplete applications will be returned.

Full payment of the portfolio assessment fee (in NZ dollars) is required before this application can progress.

### Post your application to:

The Registrar  
The Physiotherapy Board  
PO Box 10 734  
Wellington 6143  
New Zealand

### Or courier your application to:

The Registrar  
The Physiotherapy Board  
Level 12 Maritime Tower  
10 Customhouse Quay  
Wellington 6011  
New Zealand

### Any further questions, please contact the Board:

Telephone: 04 471 2610  
Email: [specialisation@physioboard.org.nz](mailto:specialisation@physioboard.org.nz)