

Expression of Interest form

Personal Details					
Registration number: 70-					
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:					
Date of Birth:					

Nominated Area of Specialty	
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"/>

If you wish to apply to be a Physiotherapy Specialist in an area that is not on the above list, the Board has the discretion to allow this on a case by case basis. With your Expression of Interest, please also provide a cover letter and any relevant documentation to support your request. Your request will go to the next available Board Meeting for the Board's decision.

Qualification
Master's Qualification (refer to the Information sheet for acceptable qualifications):
<input type="text"/>
Institution where your requisite Master's qualification was obtained:
<input type="text"/>
Country:
<input type="text"/>
Length of Master's degree programme:
<input type="text"/>
Date conferred:
<input type="text" value="Day/Month/Year"/>

Clinical Work Experience

Number of years FTE clinical practice (minimum of 6 years required):

Number of years FTE clinical practice in New Zealand (minimum of 1 year required):

Number of years FTE clinical practice in nominated area of specialty (4 years in the last 10 years required):

Self-Declaration

I hereby declare that all the information provided in this Expression of Interest form is a true and accurate summary of my own qualifications and work experience.

Signature:

Date:

Important Information

Fitness to Practise	Be aware that you also need to meet the Board's fitness to practise requirements.
Submitting your Expression of Interest	Expression of Interest forms are to be sent to specialisation@physioboard.org.nz as a .Pdf file with the subject line clearly stating that you are submitting an Expression of interest for Physiotherapy Specialist registration. <i>The Board will not accept forms sent as .Jpeg files or .Tif files.</i>
What happens next?	Once the Board has received your Expression of Interest, the information provided will be reviewed to determine whether you meet the requirements for eligibility to submit an application for registration as a Physiotherapy Specialist. The Board will be in touch to inform you of whether you are eligible to proceed to the application stage. Please note: Registration as a Physiotherapy Specialist is not automatic or guaranteed. The information provided in this Expression of Interest form will be verified when your application is received.
Specialist Competencies and Supporting Evidence	Applicants for registration as Physiotherapy Specialists must provide a full portfolio. Within this portfolio, candidates will need to show that they are meeting the Board's 3 specialist competencies by providing strong supporting evidence from the last 10 years.