

# APPLICATION FORM

New Zealand Qualified Applicants – Graduating Class of 2018



## Registration as a Physiotherapist within the General Scope of Practice for New Zealand Qualified Applicants

### COMPLETING THIS FORM

**Please complete all sections of this form.**

**Please note:** If you completed your course 12 months or more prior to applying for registration, then please contact the Board before completing this form.

### PERSONAL DETAILS

Please read the guidance notes before you complete this application form for registration under the Health Practitioners Competence Assurance Act 2003 (HPCA Act).

**The Board does not accept applications from third parties.**

The Board maintains the New Zealand Register of Physiotherapists. Your name and some of your details (including the location, city/town of your work address) will be added to the Register if your registration is approved by the Board.

This symbol marks the areas on the form where the information you supply will be made available to the public. You will be issued a unique registration number if you are registered. Please quote your registration number when contacting the Board.

Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr														
<input checked="" type="checkbox"/> First Names: (as stated on your passport or birth certificate)	Middle Names: (as stated on your passport or birth certificate)													
<input checked="" type="checkbox"/> Surname/Family Name: (as stated on your passport or birth certificate)	Previous Name: (please supply evidence of name change and the date of change)													
Date of birth: Day/Month/Year	<input checked="" type="checkbox"/> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse (Please specify) _____													
<p><b>Ethnic group:</b> Please indicate which ethnic group or groups you identify with from the list provided below.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> NZ European</td> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Other such as <i>Dutch, Japanese, Tokelauan</i>. Please state: _____</td> </tr> <tr> <td><input type="checkbox"/> Māori</td> <td><input type="checkbox"/> Niuean</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chinese</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Cook Island Māori</td> <td><input type="checkbox"/> Indian</td> <td>_____</td> </tr> </table>			<input type="checkbox"/> NZ European	<input type="checkbox"/> Tongan	<input type="checkbox"/> Other such as <i>Dutch, Japanese, Tokelauan</i> . Please state: _____	<input type="checkbox"/> Māori	<input type="checkbox"/> Niuean	_____	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chinese	_____	<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Indian	_____
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<input type="checkbox"/> Samoan	<input type="checkbox"/> Chinese	_____												
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Indian	_____												
Please complete the following address details. Under the HPCA Act you are required to provide the Board with a current postal, residential address, and work address (if known). 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.														
Residential Address (Mandatory)	Work Address (if known) <input checked="" type="checkbox"/>	Alternative Address (if required)												
Use as postal address <input type="checkbox"/>	Use as postal address <input type="checkbox"/>	Use as postal address <input type="checkbox"/>												
Phone number: (     )		Mobile Telephone: (     )												
<b>Email address:</b>														
Primary:														
Secondary:														

<b>New Zealand is the only country I have lived in since the age of 18.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the answer to the previous question is “No”, please list all countries you have lived in for 12 months or more aged 18 or older in the last ten years and provide original criminal conviction records from all countries listed: Please see guidance notes for requirements</b>	

## ACADEMIC QUALIFICATION

**NOTE:** You must supply an original or certified copy of *either*:

- your physiotherapy degree certificate received at your graduation, OR
- your complete academic transcript of academic record confirming your successful completion of your undergraduate physiotherapy programme that is signed by an official of your university.

Name of course completed: <i>(please tick one box)</i>	<input checked="" type="checkbox"/> <input type="checkbox"/> BHSc (Physiotherapy) at Auckland University of Technology		
	<input checked="" type="checkbox"/> <input type="checkbox"/> Bachelor of Physiotherapy at University of Otago		
	<input checked="" type="checkbox"/> <input type="checkbox"/> Bachelor of Physiotherapy with Honours at University of Otago		
Date course completed:	Month/Year	Date of graduation ceremony:	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. You must answer **all** the following questions and where necessary provide relevant information.

Tick either “Yes” or “No” to **ALL** of the following questions

### Communication

- Can you demonstrate appropriate communication skills which will allow you to practise physiotherapy within your scope of practice? Yes  No
- Are you sufficiently able to speak and understand English to protect the health and safety of the public? Yes  No

If you answer **No** to either of the questions provide:

- a personally signed statement describing your reasons

**If you answer “Yes” to any of the questions below, include an envelope marked “strictly confidential” and enclose the specific information required.**

### Physical and Mental Fitness

- Do you suffer (or have you ever suffered) from any mental or physical condition that may impair your ability to perform the functions required for the practise of physiotherapy? This might include, for example, epilepsy, dyslexia, an infectious disease or a condition or alcohol or drug use if these conditions may impair your ability to practise physiotherapy. Yes  No

If you answer **Yes** provide:

- A personally signed reflective statement giving details of your condition or impairment, including duration and treatment of your condition or impairment; your insight and understanding of your health condition and its triggers; details of strategies utilised; and your management plan for your future practice of physiotherapy; and
- A recent supporting letter signed by your current treating practitioner confirming the details of your management, and including comment on whether or not they believe that your condition or impairment does not currently, or will not in the future, impair your ability to perform the functions required for the practice of physiotherapy.

### Risk Declaration

- Are you aware of any existing circumstances which involve a risk that you may harm the health and safety of members of the public if you practice as a physiotherapist? Yes  No

If you answer **Yes** provide:

- a personally signed reflective statement detailing your insight and understanding of the risk factor(s) and the triggers, details of strategies utilised and your management plan for your future practice of physiotherapy.

### Professional Misconduct

- Have you ever been, or are you currently subject to:
  - Any investigations in New Zealand or elsewhere, relating to any matter that may result in professional disciplinary proceedings? Yes  No

- b. A formal competence review (or similar process) or a restriction on your practice based on your clinical performance? Yes  No
- c. Are you now or have you ever been, subject to an adverse finding in any disciplinary action in New Zealand or elsewhere? (This includes issues raised with the Health and Disability Commissioner's Office in New Zealand or any regulatory authority in another country.) Yes  No
- d. Are you now or have you ever been subject to a condition imposed or an order made against you by a regulatory authority or similar body? Yes  No
- e. Has any registration you have held, in any country, been suspended, withdrawn, revoked, cancelled and/or removed for any reason? Yes  No
- f. Have you ever had your employment as a physiotherapist terminated on the grounds of misconduct or for reasons related to competence? Yes  No

If you answer **Yes** provide:

- a personally signed reflective statement describing the incident(s); and
- a character reference posted directly to the Board by a referee who has knowledge of the incident/offending; and
- a certified copy of each of the relevant reports, findings, decisions, orders and endorsements on registration certificates.

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

6. Has any application you have made for registration, certification or licensing as a health practitioner or as a provider of healthcare services been refused for any reason in another country, state or territory? Yes  No

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

7. Has any registration you hold or have held, as a health practitioner, been made subject to any limitations, restrictions or conditions (including supervision requirements) on your practice? Yes  No

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

### **Police Investigation**

8. Are you aware of any police investigation (*include traffic offences involving alcohol or drugs*) pending or proceeding against you in New Zealand or elsewhere? Yes  No

If you answer **Yes** provide:

- a personally signed reflective statement describing the incident(s); and
- a character reference posted directly to the Board by a referee who has knowledge of the incident/offending; and
- a certified copy of each of the relevant reports, summons, findings, decisions and orders.

### **Convictions**

9. Have you ever been convicted of any criminal offence (*include traffic offences involving alcohol or drugs*) in New Zealand or overseas? Yes  No

If you answer **Yes** provide:

- a personally signed reflective statement on the required template; and
- a character reference posted directly to the Board by a referee who has knowledge of the circumstances of your conviction(s).

You are not required to disclose any convictions that are covered by the Criminal Records (Clean Slate) Act 2004.

### **Conduct**

10. Have you ever been or are you currently subject to any investigation and/or disciplinary action by any educational institution, health authority, government agency or any other organisation in New Zealand or overseas? Yes  No
11. Were you the subject of any complaints, concerns or investigations during your clinical placements while undergoing any educational programme? Yes  No

If you answer **Yes** to 10 or 11 provide:

- a personally signed reflective statement describing the incident(s); and
- a character reference posted directly to the Board by a referee who has knowledge of the incident/offending; and
- a certified copy of each of the relevant reports, findings, decisions and orders.

## NOTES TO AUTHORISING OFFICIAL:

There should be additional documents with this form that may also require certification.

Please go through the **CHECKLIST** with the applicant and establish whether accompanying photocopied documents have been certified, and if not, please assist by including the following details on each page:

- 1 Your full name;
- 2 Full postal address. It is important that the Board can contact you to verify the documents you have certified.  
**Failure to provide your full details will delay the processing of this application.**
- 3 The following statement: "I hereby certify that this is a true copy of the original document which I have sighted";
- 4 Your signature.

## STATUTORY DECLARATION

**Do not complete this statutory declaration until you are with the official. Note: Official must be someone entitled to take a Statutory Declaration under the New Zealand Oaths and Declarations Act 1957.**

If your statutory declaration is made in New Zealand, it must be made before a person entitled under the Oaths and Declarations Act 1957 to take statutory declarations e.g. a person enrolled as a Barrister and Solicitor of the High Court of New Zealand, Justice of the Peace, Notary Public, New Zealand Court Registrar or some other person authorised to administer an oath (see section 9 of Oaths and Declarations Act 1957.) If the declaration is made overseas, please see section 11 of Oaths and Declarations Act 1957.

**Your statutory declaration must be dated no earlier than three months when we receive your application.**

**Name of person making declaration (use the name you supplied on page 1 of the Application Form)**

**Full name of applicant:**

I,

**Address of applicant**

of,

**Solemnly and sincerely declare that:**

**I am the person** who is applying for registration to practise as a physiotherapist in New Zealand under the Health Practitioners Competence Assurance Act 2003.

**I am the person** named in the qualifications submitted with this application. All information I have given in relation to this application is true and complete and all information that I may provide in relation to this application will be true and complete.

**I have maintained** and will continue to maintain the confidentiality of any persons/organisations referred to in the information provided.

**I will notify** the Board if any information provided within my application changes during the application process.

**I understand** the Physiotherapy Board of New Zealand may obtain further information for the purpose of processing this application or verifying information provided in relation to this application. I consent to the collection of such information by the Board or its agents.

**I understand** although the provision of any information by me is voluntary, if I refuse to provide any information this may affect the Board's consideration of my application.

**I understand** I must be registered and hold a current Annual Practising Certificate (APC) issued by the Physiotherapy Board of New Zealand before I can practise as a physiotherapist. I am aware of the terms and conditions of the Recertification Programme operated by the Board and that proof of my participation may be required for APC renewal.

**I understand** that knowingly making a false or misleading declaration concerning my application for registration is an offence under section 172 of the Health Practitioners Competence Assurance Act 2003.

**I make** this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

**Signature of applicant:**

**Declared at (location):**

This: \_\_\_\_\_ day of: \_\_\_\_\_ year: \_\_\_\_\_

**Before me (Person authorised to take a statutory declaration):**

**Full name of authorised person:**

**Signature of authorised person:**

**Title of authorised person (State the authority under which you are entitled to take a Statutory Declaration e.g. Solicitor of the High Court of New Zealand or Notary Public.**

**Full postal address of authorised person:**

**Phone number of authorised person (including country and area code):**

**Official seal (if applicable):**

**Notes to person authorised to take statutory declaration:**

There should be accompanying documents to this application form in the form of certified copies that also require certification.

Please go through the CHECKLIST with the applicant and establish whether accompanying documents are certified copies, and if not, please assist by certifying the accompanying documents as true copies of the original documents and include the following details on each page of the documents:

- Your name;
- Contact details in the form of a full postal address and phone number;
- The following statement (or equivalent):  
"I hereby certify that this is a true copy of the original document which I have sighted."
- Your signature

**Penalty for wrongfully procuring registration:**

Please ensure the information you supply to the Board is correct and true. If it is subsequently shown that you have obtained registration fraudulently, your entry in the register will be cancelled and you will be unable to lawfully practise in New Zealand. You may face imprisonment for dishonesty and/or a fine of \$10,000 if convicted.

## CHECKLIST

This completed checklist **MUST** accompany your application.

You must work through this list to ensure you have supplied everything. If you have left anything out, your application will be deemed incomplete and returned to you. Keep a copy for your future reference.

**Print your full name clearly:**  
(as stated on passport/birth certificate):

**Your university:**

Auckland University of Technology

University of Otago

- I have completed every section of this application form and I have NOT used a third party to compile this application
- An official (who has included his/her full address) and myself have read and signed the statutory declaration

I have included:

- The application fee \$NZ 354.00
- An **original** criminal conviction record issued by the New Zealand Ministry of Justice that is dated not more than 3 months prior to this application being received by the Board OR I have forwarded the Physiotherapy Board an email from the Ministry of Justice with my criminal conviction record attached
- An **original** criminal conviction record (or equivalent) issued by the relevant authority in every other country that I have lived in (aged 18 and older) for 12 months or more in the last 10 years, that is dated not more than 3 months prior to this application being received by the Board (where applicable)

I have included **correctly certified copies** (stating full address of certifier) of the following:

- Current passport (personal details pages only) or birth certificate
- Evidence of my change of name (where applicable)
- Either*

My Physiotherapy degree certificate received at my graduation or the complete official transcript of academic record confirming my successful completion of my physiotherapy programme that is signed by an official of my university.

OR

I have submitted one of the above to the Board by emailing [registration@physioboard.org.nz](mailto:registration@physioboard.org.nz) a link to my My eQuals profile.

I have included (where applicable):

- Additional evidence of my fitness to practise as a physiotherapist in New Zealand

## OFFICE USE ONLY

Mandatory fields

Additional evidence supplied (re 12 months or more)

Statutory Declaration

Additional evidence supplied (re s16 declaration)

Confirmation

Fee

### Documents

Certification

Passport or Birth Certificate

### If required

Degree certificate or Transcript

Evidence of change of name

NZ Criminal Conviction Record

Overseas Criminal Conviction Record (or equivalent)

**Comments:**

<b>First Check:</b>	<b>Date:</b>	<b>Second check:</b>	<b>Date:</b>

## SEND YOUR APPLICATION

Your application should include:

- **A COMPLETED APPLICATION FORM including A COMPLETED CHECKLIST**
- – all questions answered and a Statutory Declaration signed and witnessed by an authorising official
- **PROOF OF IDENTITY** – personal pages of current passport or birth certificate (**certified copy**)
- **CRIMINAL CONVICTION RECORD** – issued by the New Zealand Ministry of Justice (**original document or forwarded email**)
- **CRIMINAL CONVICTION RECORD (OR EQUIVALENT)** – issued overseas if applicable (**original document**)
- **PROOF OF QUALIFICATION** – degree certificate or transcript of academic record (**certified copy or sent through my eQuals**)
- **PAYMENT** – of \$NZ 354.00 – check that the numbers and expiry date are correct on the form and include the name and signature that is shown on the card.
- Any evidence required specific to your answers to Questions 1 to 9 on **FITNESS FOR REGISTRATION**.

### Post your application to:

The Registrar  
The Physiotherapy Board of New Zealand  
PO Box 10734  
Wellington 6143

**OR**

### Courier your application to:

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

### Any further questions please contact the Board:

Telephone: | +64 4 471 2610  
Email: | registration@physioboard.org.nz

## ONCE YOUR APPLICATION IS RECEIVED

Once your application is received, it will be checked for completeness. If your application is incomplete: the Board will contact you.

The registration process is confidential; therefore the Board can only provide information to you, the applicant.

**Please note: During the Christmas and New Year period, the Secretariat will be closed from Friday 21 December 2018 and will reopen on Monday 7 January 2019.**

**Our usual processing time of New Zealand qualified applications is 1-2 days, if the application is complete and there are no fitness to practice declarations. If we receive your application on Friday 21 December, we will do our best to process it that day, however we advise that you submit your application earlier to avoid disappointment.**

**There may be a slight delay processing applications on Monday 7 January as we may have received a number of applications during the Christmas break.**

## APPLICATION FEE

The application fee for newly qualified applicants is \$354.00 (inclusive of GST). Those applicants whose applications are received by the Board before 31 March 2019 will also receive an Annual Practising Certificate (APC) at no additional cost, which is valid until 31 March 2019. Once registered, you will be required to update your status for the next practising year beginning 1 April 2019.

**NOTE: Applications received on or after 1 April 2019 – additional charges will apply. Contact the Board BEFORE submitting your application.**

The appropriate payment must accompany the application. Fees must be paid in New Zealand dollars by either credit card or debit card.

Applicant's name:

Amount payable:  \$NZ 354.00

Payment type:  Visa  
 MasterCard

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.*

Card number 

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Expiry date (Month/Year):

Month/Year
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Name on card:

Cardholder's signature:

I authorise the Physiotherapy Board to charge the credit card account above with the sum of \$NZ354.00 (GST incl).