

## APPLICATION FORM



# Registration as a Physiotherapist within the Special Purpose Scope of Practice: Postgraduate Physiotherapy Student

Please read the Application Guidance Notes before completing this application.

### INFORMATION ABOUT THIS APPLICATION FORM

<b>Purpose of Application</b>	This Application Form is for persons seeking to gain registration in New Zealand within the special purpose scope of practice, in order to undertake postgraduate physiotherapy study at an educational institution/organisation approved by the Physiotherapy Board.
<b>Compiling your Application</b>	As you work through this form you will be expected to supply the required documentation, certified correctly, in accordance with Board criteria (see Application Guidance Notes on page 3).
<b>Please write carefully</b>	Please make sure your handwriting is easy to read. Please print and use a black or blue ball point pen.
	<input checked="" type="checkbox"/> Please indicate your selection with this tick or check mark.

### PRELIMINARY QUESTIONS

#### Previous applications

Have you made any previous application for registration 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:

#### Eligibility to Apply:

Please answer the following statement to ensure you are eligible to apply for registration:

I can provide a certified copy of a letter from either the University of Otago or Auckland University of Technology confirming the offer of a place on a programme of postgraduate physiotherapy study providing the start and finish dates for the postgraduate study.

Yes  No

If you answered **NO** to this statement, do not continue with this application. You are **NOT** eligible to apply for registration as a physiotherapist with a special purpose scope of practice enabling you to undertake postgraduate physiotherapy study in New Zealand

**Postgraduate  
physiotherapy study to be  
undertaken in New  
Zealand**

I am applying for registration within the special purpose scope of practice: Postgraduate Physiotherapy Student and issue of a practising certificate, for the purposes of undertaking the following postgraduate physiotherapy study.

**Educational Institution:**

Auckland University of Technology:

University of Otago:

**Course/Programme Title:**

**Start Date:**

**Finish Date:**

I understand that if registration is granted it applies only to physiotherapy services undertaken as part of the postgraduate study on which this application is based, is strictly limited to the duration of the postgraduate study and does not extend to clinical practice or any activity outside the postgraduate study.

Yes  No

## PERSONAL DETAILS

Please supply your personal details below.

Please supply a correctly certified copy of your current passport as evidence of your identity and age (personal details page(s) and any observations only).

### 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:**

**Town and Country of Birth:**

If you are living in New Zealand when you apply for registration you must include a current, original Ministry of Justice criminal record check. Please see page 4 of the application guidance notes.

Postal Address

Address:

Postcode/Zip code:

Country:

Phone number (including country and area code):

Email address:

## ETHNICITY

Ethnic group

Ethnic group: Please indicate which ethnic group or groups you identify with from the list provided below.

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> NZ European       | <input type="checkbox"/> Tongan  | <input type="checkbox"/> Other such as <i>Dutch, Japanese, Tokelauan</i> . Please state:<br>_____ |
| <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  | _____   |

## QUALIFICATIONS AND EXPERIENCE

Primary Physiotherapy Qualification

Your primary physiotherapy qualification is the course of study leading to your initial registration/licensure as a physiotherapist

Primary Physiotherapy Qualification (Undergraduate or Accelerated programme)

Primary Qualification (state the full title):

Name and address of institution where primary physiotherapy 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.

If you answer 'yes' to any of the questions below, include with your application form an envelope marked 'strictly confidential' and enclose the specific information required.

### Risk Declaration

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

Yes  No

If you answer Yes provide:

- A personally signed statement including details of the existing risk factor(s) and how you manage any such risk in relation to practising physiotherapy.

### 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 signed 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.

### Registration, certification or licensing outside New Zealand

**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.

**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 practice?**

Yes  No

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

### Police Investigation

**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 statement describing the incident(s); and
- A character reference posted directly to the Board by your referee who had knowledge of the incident/offending; and
- Certified copies of relevant orders, reports, summons, findings and decisions and orders.

**Educational Record**

**Have you ever been or are you currently subject to:**

**Any investigation by an educational institution in New Zealand or elsewhere?**

Yes  No

If you answer **Yes** provide:

- A personally signed statement describing the incident; and
- A character reference posted directly to the Board by your referee who has knowledge of the incident/offending; and
- Certified copies of relevant orders, reports, findings and decisions and orders.

**Convictions**

**Have you ever been convicted of any criminal offence (include traffic offences involving alcohol and drugs) in New Zealand or elsewhere?**

Yes  No

If you answer **Yes** provide:

- A personally signed statement describing the incident; and
- A character reference posted directly to the Board by your referee who has knowledge of the offending; and
- Your criminal record report detailing your criminal history.

**Professional misconduct**

**Have you ever been the subject of, or are you currently subject to:**

**Any investigation in New Zealand or elsewhere, relating to any matter that may result in professional disciplinary proceedings?**

Yes  No

**A formal competence review (or similar process) or a restriction on your practice based on your clinical performance?**

Yes  No

**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

**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

**Has any registration you have held, in any country, been suspended, withdrawn, revoked, cancelled and/or removed for any reason?**

Yes  No

**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** to any of the previous six questions, provide:

- A 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 any conditions or endorsements on registration certificates.

## COMMUNICATION SKILLS

You must satisfy the Physiotherapy Board that you have an excellent command of the English language to allow you to communicate effectively with patients/clients and professional colleagues

### Effective communication

I am able to communicate effectively in the English language and be understood.

Yes  No

Are you aware of any barriers/potential barriers to effective communication that may detrimentally affect your ability to communicate effectively whilst registered within the Special Purpose Scope of Practice: Postgraduate Physiotherapy Student, in New Zealand?

Yes  No

If you answered **Yes** please supply full details (continue on a separate page if necessary):

## EVIDENCE OF GOOD STANDING / VERIFICATION OF STATUS

In order to demonstrate you are of good standing as a physiotherapist overseas, the Board requires evidence of your current/recent national or state registration, from everywhere you have practised in the 3 years preceding your application for post-graduate registration. The evidence should be in the form of a certificate of good standing/letter of verification of status from registration authority/authorities.

**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.**

### First registered as a physiotherapist

When and where were you first registered as a physiotherapist?

Day/Month/Year

Registration Authority:

Country / State:

Registration Number:

Date valid to:

Day/Month/Year

### ALL current and recent registrations held in last three years (including specific, limited and/or temporary registration)

Registration Authority:

Country / State:

Registration Number:

Date valid to:

Day/Month/Year

Registration Authority:

Country / State:

<b>Registration Number:</b> <input type="text"/>	<b>Date valid to:</b> <input type="text" value="Day/Month/Year"/>
---	--

**Registration Authority:**

**Country / State:**

<b>Registration Number:</b> <input type="text"/>	<b>Date valid to:</b> <input type="text" value="Day/Month/Year"/>
---	--

**Registration Authority:**

**Country / State:**

<b>Registration Number:</b> <input type="text"/>	<b>Date valid to:</b> <input type="text" value="Day/Month/Year"/>
---	--

**Registration Authority:**

**Country / State:**

<b>Registration Number:</b> <input type="text"/>	<b>Date valid to:</b> <input type="text" value="Day/Month/Year"/>
---	--

Any other applications you have made for registration (including applications that were withdrawn or declined and any prerequisite registration examinations)

Please inform the Board as soon as possible if your overseas registration status changes while your application is being processed.

## TREATY OF WAITANGI

*Refer to page 6 – 9 of the Guidance Notes*

**I have read the information 'Te Tiriti O Waitangi':**  
 **Yes**                       **No**

## 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.

## COMPLETING THE APPLICATION

*Refer to the Application  
Guidance Notes*

To avoid unnecessary delays please check your application to ensure that it is complete, consistent and accurate.

All copies of original documents must be presented in a format complying with the Board's criteria. Please refer to the Application Guidance Notes, Certification Requirements, page 3.

The application for registration is a formal process.

Please contact the Board by phone +64 4 471 2610 or email [registration@physioboard.org.nz](mailto:registration@physioboard.org.nz) during the application process if you have any queries.

## Disclaimer

The Board will notify you of its decision regarding your application by email.

In the meantime, you should not enter into any arrangements or incur any expenses which depend upon your application being approved. The Board accepts no liability for any loss or expense you may incur.

Please note that it is an offence to falsely claim you are legally entitled to practise under the Health Practitioners Competence Assurance Act 2003.

## CHECKLIST

The checklist **MUST** accompany your application. Please keep a copy for your future reference.

Use this checklist as you work through the Application Form to ensure you have included ALL the information and documentation the Board requires to process your application. Failure to do so will mean delays and/or your application being returned to you.

### Application Form

#### I have completed:

- Every section of the Application Form
- The Statutory Declaration that an authorising official and I have read and signed.

### Application fee

#### Select one of the following:

- I have included the application fee of NZ\$349.60 in the form of a bank draft in New Zealand dollars made payable to the Physiotherapy Board of New Zealand.
- I have included the application fee of NZ\$349.60 in the form of debit/credit card payment details completed on page 11 of the Application Form.

### Important evidence

#### I have included correctly certified copies of my:

- Current passport (personal details pages only).
- Evidence of change of name (if applicable)
- Letter from either the University of Otago or Auckland University of Technology

### Good standing

#### I have included an original of one of the following, for all countries I have either registered/practised in within the 3 years immediately prior to submitting this application:

- Evidence of good standing as a physiotherapist
- Criminal record check or police clearance certificate (if there is no regulatory authority)

### Applying whilst living in New Zealand

#### I have included a current original:

- Ministry of Justice Criminal Record Check

### Complete this application yourself

#### I have completed:

- This application myself and have not used a third party to compile/send this application.

### 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 and/or a fine of \$10,000.

## PAYMENT ADVICE

The application fee of **NZ\$349.60** must accompany the application. Fees must be paid in NZ dollars by bank draft or debit/credit card. Please make drafts to the Physiotherapy Board of New Zealand.

Please note: the bank draft must be dated within the last six months on receipt by the Board.

**Bank draft**

**Debit/Credit card:**  **Visa**  **MasterCard**

**Card number:**

				-						-								
--	--	--	--	---	--	--	--	--	--	---	--	--	--	--	--	--	--	--

**Card security number:**

--	--	--

*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 \$NZ349.60 (GST incl).

## SEND THIS APPLICATION

Please ensure that all sections of this form are completed. Include all relevant documents.

Full payment (in NZ dollars) is required before this application can be processed. The application fee of \$349.60 includes payment for a Practising Certificate.

**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 12 Maritime Tower  
10 Customhouse Quay  
Wellington 6011  
New Zealand

**Any further questions please contact the Board:**

Telephone: +64 4 471 2610 or Email: [registration@physioboard.org.nz](mailto:registration@physioboard.org.nz)