

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 Physiotherapy Specialist in New Zealand under the Health Practitioners Competence Assurance Act 2003 and the items within this application pack represent my own work.

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.

The items of evidence listed that I have authored are my own original work and all sources of information have been appropriately acknowledged and referenced in such items.

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 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):

This form is to be printed, completed and signed in writing by both the applicant and the witnessing official, and sent to the Board along with the rest of the application pack.