

APPLICATION FORM



Application Form for Overseas Qualified Applicants Applying for Registration within the General Scope of Practice: Physiotherapy Health Practitioners Competence Assurance Act 2003

Please read the [Guidance Notes](#) before completing this application.

PRELIMINARY QUESTIONS

Previous applications

Have you made any previous application for registration with the New Zealand Physiotherapy Board (the Board)?

Yes No

If your answer is YES:

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

State the name on your previous application:

A PERSONAL DETAILS

Please supply your personal details

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 of birth:

Day/ Month/ Year

Ethnicity

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: |
| <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 | _____ |

Contact Details

Please note we will primarily use email communication, so please ensure that you include a current email address.

Street address:

Town/City:

Postcode/Zip Code:

Country:

Phone number (including country and area code):

Email address:

B ELIGIBILITY TO APPLY FOR REGISTRATION

Eligibility Criteria

I meet the Recency of Practise criteria: (see page 3 of the Guidance Notes for further information)

Yes No

If you are unable to select at least one of the qualification types below including the additional requirements, you are **NOT** eligible to apply for registration as a physiotherapist in New Zealand at this time.

For further information on what is required to be covered in your curriculum, please see pages 4-5 of the guidance notes.

I have completed:

A four year full time undergraduate physiotherapy degree programme as my primary physiotherapy qualification that is sufficiently similar to the New Zealand undergraduate physiotherapy qualifications approved by the Board.

A physiotherapy qualification from a three year full time undergraduate degree programme as my primary physiotherapy qualification and have:

Either,

A minimum of one year full-time post-qualification physiotherapy practice experience as a fully registered (i.e. with unconditional registration) physiotherapist, not in sole practice,

| And,

My experience was gained in a professionally supported environment carried out under the supervision of a more senior physiotherapist and included observed practice and guidance for professional development.

Or,

Evidence of successful completion of a formal course of university level physiotherapy study additional to my primary physiotherapy qualification i.e. a Graduate Diploma, a Postgraduate Diploma or a Masters degree.

- A four year part time physiotherapy programme as my primary physiotherapy qualification that is substantially equivalent to a three year full time bachelor degree, and:

Either,

-

A minimum of one year full-time post-qualification physiotherapy practice experience as a fully registered (i.e. with unconditional registration) physiotherapist, not in sole practice,

And,

My experience was gained in a professionally supported environment carried out under the supervision of a more senior physiotherapist and included observed practice and guidance for professional development.

Or,

-

Evidence of successful completion of a formal course of university level physiotherapy study additional to my primary physiotherapy qualification i.e. a Graduate Diploma, a Postgraduate Diploma or a Masters degree.

- A graduate entry qualification (accelerated programme) [i.e. either bachelor/masters/doctoral level] as my primary physiotherapy qualification, and:

Either,

-

A minimum of one year full time post qualification physiotherapy practice experience as a fully registered (i.e. with unconditional registration) physiotherapist, not in sole practice,

And,

My experience was gained in a professionally supported environment carried out under the supervision of a more senior physiotherapist and included observed practice and guidance for professional development

Or,

-

I understand that I must complete competence examination(s) at a New Zealand School of Physiotherapy as part of my application process.

And,

-

The accelerated programme reflects contemporary physiotherapy education and that is sufficiently similar to the physiotherapy curricula undertaken by undergraduates in New Zealand,

-

The minimum entry prerequisites for this graduate entry qualification is a related bachelor degree. You must supply evidence that the course includes sufficient human science papers such as anatomy, physiology, pathology, psychology, biophysics, human development, biochemistry, histology, kinesiology, pharmacology.

-

The curriculum for the graduate entry qualification shows a minimum level of learning that is sufficiently similar to the New Zealand undergraduate physiotherapy qualifications approved by the Board.

- A Diploma of Physiotherapy as my primary physiotherapy qualification, and have

- Evidence of successful completion of a formal course of university level physiotherapy study additional to my primary physiotherapy qualification i.e. a Graduate Diploma, a Postgraduate Diploma or entry level Masters degree. The additional course of study must include supervised clinical experience.

(Note: If your Diploma was awarded prior to 1995 please contact the Board as this provision may not apply to you).

B1 QUALIFICATIONS

Please complete ALL sections that apply to you:

PRIMARY PHYSIOTHERAPY QUALIFICATION

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 (years):

Date commenced: Day/Month/Year Date completed: Day/Month/Year

Date conferred: Day/Month/Year

Exemption request

I gained my primary physiotherapy qualification more than 15 years prior to submitting this application for registration and I wish to be exempt from providing a complete academic curriculum.

Yes No

PREREQUISITE QUALIFICATION

If your primary physiotherapy qualification was a graduate entry (accelerated programme) course in physiotherapy, please provide detail of your prerequisite degree.

Prerequisite
Qualification

State full title:

Name and address of institution where prerequisite physiotherapy qualification was obtained:

Length of degree programme (years):

Country:

Date commenced: Day/Month/Year Date completed: Day/Month/Year

Date conferred: Day/Month/Year

Exemption request

I gained my prerequisite qualification more than 15 years prior to submitting this application for registration and I wish to be exempt from providing a complete academic curriculum.

Yes No

ADDITIONAL PHYSIOTHERAPY QUALIFICATION

Please complete this part if, in **addition** to your primary physiotherapy qualification:

- you have completed a three year undergraduate physiotherapy degree, **BUT** not completed a minimum of one year full-time post-qualification physiotherapy practice experience as a fully registered (i.e. with unconditional registration) physiotherapist, not in sole practice, in your country/countries of practice; or
- your primary physiotherapy qualification is a Diploma of Physiotherapy and it was awarded after 1995

**Additional
Physiotherapy
Qualification**

State full title:

Name and address of the institution where postgraduate physiotherapy qualification was obtained:

**Additional
Physiotherapy
Qualification Cont.**

Country:

Length of degree programme (years):

C 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 questions below, include with your Application Form 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 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, any medication you are currently taking, 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, 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

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 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

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 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).

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 signed reflective statement describing the circumstances; and
- a character reference posted directly to the Board by a referee who has full knowledge of the circumstances; and
- a certified copy of each of the relevant reports, findings, decisions and orders.

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 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 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.

D COMMUNICATION SKILLS

Effective communication

In order to practise as a physiotherapist in New Zealand 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.

Are you aware of any barriers or potential barriers to effective communication that may impair your ability to practise within the general scope of practice in New Zealand?

Yes No

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

English proficiency

Is English your first language? "First language" is defined as the language a person learns first, usually from their family and speaks best.

Yes No

Was your primary physiotherapy programme instructed and examined entirely in the English language?

Yes No

If you have answered YES to **both** English proficiency questions above please proceed to **Section E**.

If you have answered NO to **either or both** of the English proficiency questions above, you will need to provide evidence of successful English language test results.

English language assessments

In order to practise physiotherapy in New Zealand you must have excellent English skills. The Physiotherapy Board accepts evidence of English language proficiency in the form of two English language assessments: The International English Language Testing System (IELTS) Academic level or the Australian Occupational English Test (OET). The test results must be dated within the 2 years preceding the Board's receipt of your application.

Provide evidence of English proficiency

IELTS results are required to have an overall score of 7.5 with no grade less than 7 in each band. OET results are required to have an A or B OR a minimum score of 350 in all four sections.

Please indicate which of the following examinations you have passed to the level specified above:

IELTS (Academic) OET

Please supply an original or a correctly certified copy of your test report form/certificate OR you may share the results with the Board through the relevant IELTS/ OET test results portal.

E EVIDENCE OF GOOD STANDING / VERIFICATION OF STATUS

The Board requires evidence of your registration and good standing as a physiotherapist and any other health profession in which you are registered overseas. This evidence should be in the form of a certificate of good standing/letter of verification of status from the relevant registration authority/authorities.

You must provide evidence of your registration and good standing from:

- The Physiotherapy regulatory authority in your country of qualification even if you have never practised there, and
- All other physiotherapy regulatory authorities you have worked within during the 3 years immediately prior to submitting your application, and
- If applicable, all other health profession regulatory authorities you have worked within during the 3 years immediately prior to submitting your application.

This evidence should be in the form of a certificate of good standing (sometimes known as a letter of verification of status or a Certificate of Registration Status). The certificate must be the original document and must be dated no more than 3 months prior to receipt of your application by the Board.

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

First registered as a physiotherapist

When and where were you first registered as a physiotherapist?

Date:

Registration Authority:

Country/State:

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

Registration Authority:

Country/State:

Registration Authority:

Country/State:

Registration Authority:

Country/State:

F VALIDATION OF WORK HISTORY

Please provide the names and contact details of **THREE** persons supplying Validation of Work History forms, two of whom should be current employers/senior colleagues with a physiotherapy background who have firsthand knowledge of your clinical/professional practice. If you are self-employed or you work in small practice, you may choose a referring doctor or someone who has peer reviewed your physiotherapy practice; this should be someone in a related health profession, for example, an occupational therapist or an osteopath.

Professional Referee:
1

My nominated referee is a physiotherapist:

Yes No

Title: Miss Ms Mrs Mr Dr

Given names:

Surname/Family Name:

Employing organisation:

Position held:

Relationship to applicant (e.g. manager/supervisor):

Time known applicant (years and months):

Full postal address:

Phone number (including country and area code):

Email address:

Professional Referee:
2

My nominated referee is a physiotherapist:

Yes No

Title: Miss Ms Mrs Mr Dr

Given names:

Surname/Family Name:

Employing organisation:

Position held:

Relationship to applicant (e.g. manager/supervisor):

Time known applicant (years and months):

Full postal address:

Phone number (including country and area code):

Email address:

Professional Referee:
3

My nominated referee is a physiotherapist:

Yes No

Title: Miss Ms Mrs Mr Dr

Given names:

Surname/Family Name:

Employing organisation:

Position held:

Relationship to applicant (e.g. manager/supervisor):

Time known applicant (years and months):

Full postal address:

Phone number (including country and area code):

Email address:

G NEW/RECENT GRADUATES – CONFIRMATION OF FITNESS TO PRACTISE

This section is only for new/recent graduates of 4 year physiotherapy degree programmes, without post-qualification physiotherapy experience.

Please provide the name and contact details of the person supplying your Confirmation of Fitness to Practise form.

All new/recent graduates of 4 year physiotherapy degree programmes, without post-qualification physiotherapy experience, must supply confirmation of their fitness to practise from the educational institution that issued their degree when seeking registration in New Zealand.

The referee who completes this form should be a member of the academic staff familiar with your course/programme of study.

University Referee

My nominated university referee is a member of the academic staff from my physiotherapy course/programme of study:

Yes No

Title: Miss Ms Mrs Mr Dr

Given names:

Surname/Family Name:

University:

Position held:

Full postal address:

Phone number (including country and area code):

Email address:

H TREATY OF WAITANGI

I have read the information 'Te Tiriti O Waitangi' and researched other sources:

Yes No

I have included a signed referenced report on the Treaty of Waitangi:

Yes No

I CULTURAL COMPETENCE

I have included a signed reflective statement on cultural competence:

Yes No

J SUPPORTING EVIDENCE

I have provided supporting evidence relating to my post qualification physiotherapy experience referenced to the Australia and Aotearoa New Zealand Physiotherapy Practice Thresholds in line with Board requirements for submission with my application.

Yes No

Refer to the Supporting Evidence Information Sheet for guidance on providing suitable supporting evidence.

K COMPETENCY TEMPLATES

I have completed a full set of competency templates referencing the relevant documents from my physiotherapy qualification and my post-qualification physiotherapy practice experience.

Yes No

Refer to the Competency Templates Information Sheet for guidance on providing correctly completed Competency Templates.

L COMPILING AND SENDING YOUR APPLICATION PACK

Disclaimer

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

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 practice as a physiotherapist or to falsely claim you are legally entitled to practice as a physiotherapist in New Zealand. In order to practice lawfully as a physiotherapist you must be registered by the Board and hold a current annual practising certificate issued by the Board under the Health Practitioners Competence Assurance Act 2003.

Please ensure that all sections of this form are completed. Include all relevant documents. Incomplete applications will be returned. Full payment (in NZ dollars) is required before this application can be processed.

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: +64 4 471 2610

M CHECKLIST

Use this checklist 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. Ensure that you complete and submit the most up to date forms and templates available on the Board website. You are advised to check this prior to sending your application.

Application Form

I have completed:

- Every section of the Application Form (Part 1), Registration for Overseas Qualified Applicants within the general scope of practice: Physiotherapist.
- An authorising official and I have read and signed Section O - Statutory Declaration of the Application Form (Part 1).

Application Fee

Select one of the following:

- I have included the application fee in the form of a bank draft in New Zealand dollars made payable to the Physiotherapy Board of New Zealand.
- I wish to pay the application fee by credit/debit card and have completed the credit/debit card payment details in Section P of the Application Form (Part 2).

Mandatory Documents

I have included the following mandatory documents (refer to the Application Guidance Notes for certification requirements):

- Personal details page of my current passport
- Physiotherapy degree/diploma certificate(s) received at graduation.
- Complete official academic curricula/syllabi of study
- Complete official academic transcript(s)/diploma supplement(s)
- Evidence of change of name (if applicable)

I have also included the following documents:

- Original current criminal conviction record (or its equivalent) issued by the relevant police authority in my current country of residence/practice
- Original current criminal conviction record (or its equivalent) issued by the relevant police authority in every other country I have lived in for 12 months or more in the last 10 years (except where I was aged 17 or younger while I was living there)

Note: Applicants resident in federal jurisdictions must supply evidence from both federal and state authorities where multiple authorities exercise criminal jurisdiction.

Supervised physiotherapy practice

I have undertaken and provided evidence (issued by my educational institution) of:

- Personal completion of around one thousand (1,000) hours of supervised physiotherapy practice during my course of physiotherapy education, in a variety of settings, under the guidance of registered physiotherapists approved by my school of physiotherapy.

Registration

I have included:

- Evidence of completion of registration requirements in my country of qualification.

Good standing

I have included an original of one of the following, for all countries I have practiced in within the 3 years immediately prior to submitting my application:

- Evidence of good standing as a physiotherapist (if applicable)
- Criminal record check (if applicable)

Communication Skills

I have included, where applicable English language examination results:

- IELTS
- OET

Curriculum vitae

I have included:

- An up-to-date curriculum vitae providing a detailed summary of my work history in my role as a physiotherapist.

Complete this application yourself

I have completed:

- This application myself and have not used a third party to prepare this application.

Other Documentation

I have included:

Please refer to the caution within the Supporting Evidence Information Sheet

- My signed referenced report on the Treaty of Waitangi.
- My signed reflective statement on cultural competence
- Strong supporting evidence which provides validated evidence of my learning and experience gained from my post qualification physiotherapy experience.
- A list of people who are mailing completed Validation of Work History forms direct to the Board.
- The name of the person who is mailing the completed Confirmation of Fitness to Practise form direct to the Board.
- Competency templates for the Physiotherapy practice thresholds.
- A complete, cross referenced, contents list.

-
- I have read and understood the NOTE in the information sheet on Supporting Evidence.**
-

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)

Note: If you are completing this statutory declaration in New Zealand you cannot use names, words, titles, initials, abbreviations, or descriptions stating or implying that you are a Physiotherapist in New Zealand. If you do not have a current occupation you may write unemployed. You can only use titles you are legally allowed to use.

Full name of applicant:

I,

Address of applicant

of,

Occupation of applicant (see note above):

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.

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 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.

and 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.

P PAYMENT OF THE APPLICATION FEE

The application fee of **NZ\$1,734.50** must accompany the application. Fees must be paid in NZ dollars by credit/debit card or bank draft. Please make bank drafts payable to the Physiotherapy Board of New Zealand.

Please note: Incomplete applications will be returned. You will not be given a refund of the \$1,734.50 application fee after your application is received by the Board.

Full name of applicant:	Application Number : AA-	[office use only]
<input type="text"/>		

Have you included a bank draft?

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

Yes No

Debit/Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Bank Draft
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Card number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name on Card: _____

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:

Cardholder's Signature:

I authorise the Physiotherapy Board to charge the debit/credit card account above with the sum of \$NZ1,734.50 (GST incl).