



Application for Registration for Overseas Qualified Applicants Health Practitioners Competence Assurance Act 2003

This application is made under the Health Practitioners Competence Assurance Act 2003. Applicants are required to provide validation of their previous work history as a **FULLY** registered physiotherapist elsewhere than in New Zealand. Applications for registration will only be accepted by the Physiotherapy Board from applicants who clearly indicate within their application an intention to practise as a physiotherapist in New Zealand.

A COMPLETING THIS FORM

Notes to referee:

- The applicant has selected you as one of their referees because you are (or were) responsible for them in a professional way, and because you have direct knowledge of their work history and ongoing learning.
- This document should validate a period of the applicant's employment history **as a fully registered physiotherapist** including their clinical experience, provide evidence that they are able to practise physiotherapy unsupervised, and describe their knowledge and skills.
- The applicant should be aware that an appropriate referee is their current employer or any other credible person who can support the authenticity of their clinical skills and knowledge – relatives and friends are **unsuitable referees**.
- Please fill in every applicable field on this form as accurately and comprehensively as possible.
- Please sign and date any additional pages you include with this form.
- The Board may contact you as a referee to verify or clarify the information provided in this form.

B PERSONAL DETAILS OF APPLICANT – To be completed by the applicant

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:	
Previous name:	
Date of birth:	Day/Month/Year

C PERSONAL DETAILS OF REFEREE – To be completed by the referee

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:				
Health Practitioner Regulating Authority you are currently registered with:				
Registration number:				
Current Job title or position:				
Current Organisation:				
Department / Unit:				
Current Work address:				
City:				
Country:				
Phone number:	()	Fax number:	()	
Email address:				

D APPLICANT INFORMATION – To be completed by the Referee

The information you provide should verify that the applicant:

- can work unsupervised; and
- has developed relevant clinical skills and knowledge.

It is helpful to describe the applicant's work environment so the Board may place your information in context. Please complete all questions; if you have further information please continue on a separate sheet of paper.

Applicant's job title or position held:			
Organisation:			
Address:			
Dates the applicant was employed in this position:	Commencement date:	Day/Month/Year	
	Termination date:	Day/Month/Year	Position is ongoing: <input type="checkbox"/>
The applicant was/is employed:	Full time <input type="checkbox"/>	Hours per week: _____	
	Part time <input type="checkbox"/>	Hours per week: _____	
In what capacity is the applicant known to you? <i>i.e. you are their current/previous manager or supervisor</i>			
How long have you known the applicant?	[] years	[] months	

E **APPLICANT INFORMATION – To be completed by the Referee**

Describe the applicant's working environment.

(For example: the treatment setting i.e. rural hospital; the range of patients presenting and the main conditions treated.)

Describe the applicant's ability to plan and implement an efficient, effective, culturally responsive and client centred physiotherapy assessment and treatment, with relevance to their working environment.

Please comment on the applicant's abilities including (but not limited to) their ability to deal effectively with conflict, manage their own physical and mental health resilience, advocate for their patients and for the profession, and their commitment to professional development.

F APPLICANT INFORMATION – To be completed by the Referee

To the best of your knowledge has the applicant been the subject of a disciplinary hearing resulting in an adverse outcome?	Yes []	No []
<i>If yes, please describe the nature of the disciplinary action, including the year and decision i.e. censure, conditions applied.</i> <i>Please attach any relevant documents in support of this information.</i>		

G DECLARATION – To be completed by the Referee

By making this declaration I hereby certify that:

I understand that making a false declaration is a criminal offence under section 172 of the Health Practitioners Competence Assurance Act 2003.

I understand that the Physiotherapy Board may obtain further information from me regarding the applicant.

The information that has been provided for this application is true and correct to the best of my knowledge.

Signature of Referee: _____ Date: Day/Month/Year

H RETURN THIS FORM

Referees are to return this form directly to the Physiotherapy Board. Forms sent by the applicant are disregarded.

Post this form by air mail to: The Registrar The Physiotherapy Board PO Box 10 734 Wellington 6143 NEW ZEALAND	Any further questions please contact the Board: Telephone: 0064 4 471 2610 Email: registration@physioboard.org.nz
--	---