

**REGISTRATION APPLICATION Section 1, Part 4b:
CONFIRMATION OF FITNESS TO PRACTISE FORM**



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

New/recent graduates of 4-year physiotherapy degree programmes, without post registration physiotherapy experience, are required to supply confirmation of their fitness to practise from their university. These documents provide some evidence that applicants meet the fitness to practise requirements for registration as a physiotherapist in New Zealand.

A COMPLETING THIS FORM

It is a requirement for all new/recent graduates of 4-year physiotherapy degree programmes, without post registration physiotherapy experience, to supply confirmation of their fitness to practise from their university when seeking registration in New Zealand. This document should confirm that the applicant is competent and fit to practise physiotherapy in their country of qualification. This confirmation should demonstrate that the applicant has no physical or mental risk factors, is not nor has been at any time subject to any educational investigations or any professional misconduct issues.

The university referee who completes this form should be a member of the academic staff from the programme/course of study. The Board may contact the university referee to verify or clarify the information provided.

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 | | |
| Course/Programme name: | | | |
| Course/Programme completion date: | Day/Month/Year | | |
| Address: | | | |
| City: | | | |
| Country: | | | |
| Phone number: | () | Fax number: | () |
| Email address: | | | |

C**SELF DECLARATION – To be completed by the Referee****Completing the self-declaration**

Please complete the self-declaration below. Please provide a written explanation if you are unable to complete this declaration. You are welcome to provide more detailed references for the applicant, in addition to the declaration, if you wish. Please attach any additional pages to this form and return it to the Physiotherapy Board at the address below.

By making this self-declaration I hereby certify that:

To the best of my knowledge there is no reason to believe that the above named applicant would be unable to perform the functions required to practise as a physiotherapist because:

- of mental or physical condition(s);
- of past or present issue(s) of professional misconduct;
- of past or present police investigation(s);
- of conviction(s);
- of investigation(s) by an educational institution.

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

Full name of referee:

Signature of referee:

Date:

Day/Month/Year

D**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 <input type="checkbox"/> Prof | | | | | |
| Given names: | <input type="text"/> | | | | | |
| Surname/Family name: | <input type="text"/> | | | | | |
| Job title/position: | <input type="text"/> | | | | | |
| Name of University: | <input type="text"/> | | | | | |
| Department / Unit: | <input type="text"/> | | | | | |
| Work address: | <input type="text"/> | | | | | |
| City: | <input type="text"/> | | | | | |
| Country: | <input type="text"/> | | | | | |
| Phone number: | () | Fax number: | () | | | |
| Email address: | <input type="text"/> | | | | | |

E**RETURN THIS FORM**

Referees are to return this form directly to the Physiotherapy Board

Post this form by air mail to:

The Registrar
The Physiotherapy Board
PO Box 10 734
Wellington 6143

Any further questions please contact the Board:

Telephone: +64 (4) 471 2610

registration@physioboard.org.nz