

APPLICATION FORM: RESTORATION OF ENTRY IN THE REGISTER

Under section 145 HPCA Act



Registration as a Physiotherapist within the General Scope of Practice: Physiotherapist

This application form is for a practitioner whose entry in the Register has been cancelled under section 143(3), or section 144(3) or (5) of the HPCA Act and now wishes to have their entry in the Register restored. The entry in the Register will be restored if the applicant satisfies the Board's requirements under HPCA Act section 16 "Fitness for registration". The applicant should first contact the Board if they are the subject of pending disciplinary action.

COMPLETING THIS FORM

Please complete all sections of this form.

Please note that in New Zealand, all practising physiotherapists must be registered with the Physiotherapy Board AND hold an Annual Practising Certificate (APC). If you wish to apply for an APC (an additional fee of NZ\$555.50) at the same time as submitting your application for restoration download and complete the application form for an APC available on the Board website:

<https://www.physioboard.org.nz/applying-apc-0>

PERSONAL DETAILS OF APPLICANT

The Board maintains a public register of physiotherapists. This symbol marks the areas on the form where the information you supply will be made available to the public.

Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr		
<input checked="" type="checkbox"/> Given names: <i>(enter details as stated on your passport)</i>	Your registration number: <i>(if known, please supply number previously allocated to you):</i>	
<input checked="" type="checkbox"/> Surname/Family name: <i>(enter details as stated on your passport)</i>	70-	
Name as previously entered on the Register: <i>(please supply evidence of name change and the date of change):</i>		
Date of birth: Day/Month/Year	<input checked="" type="checkbox"/> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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	_____
Please complete the following address details. Under the HPCA Act you are required to provide the Board with a current postal and residential address and work address (if known). Either your residential or work address can be your mailing address; please tick the appropriate box. You may wish to use a PO Box or alternative address as your mailing address.		
Residential Address (Mandatory)	Work Address (if known) <input checked="" type="checkbox"/>	Alternative Address (if required)
Mailing <input type="checkbox"/>	Mailing <input type="checkbox"/>	Mailing <input type="checkbox"/>
Phone number: ()		Fax number: ()
Email address: <i>(please write clearly)</i>		

EVIDENCE REQUIRED

You must include the following items:

- A certified copy of your current passport (personal details pages only).
- Evidence of change of name (where applicable) – certified copy of marriage certificate/statutory declaration

APPLICATION GUIDANCE NOTES

Notes to the applicant **and** official who will authorise the statutory declaration:

A certified copy is a direct copy of an original document that is certified by an official with the necessary legal power such as a Justice of the Peace, solicitor of the High Court or notary public.

To have proof of legitimate documentation the Board requires that the authorising official complies with **all** of the following:

- ✓ Provide his/her contact postal address to enable the Board to seek verification if needed;
- ✓ Sign the copy;
- ✓ Print his/her name under the signature;
- ✓ State his/her position or designation;
- ✓ Endorse the copy with his/her official seal (where applicable)
- ✓ Ensure the certified copy provided to the Board includes a statement similar or equal to: *“certified true copy of original document sighted”*.

Privacy Statement

What information do we collect?

We collect personal information about you when we process your application for registration as a physiotherapist under the Health Practitioners Competence Assurance Act 2003 (the Act). The personal information we collect includes:

- information for the purpose of establishing your identity
- contact information
- details of your qualifications
- information about your competence and fitness to practise, including health information and information held by regulatory and law enforcement agencies.

Why do we collect personal information?

The information we collect helps us establish your identity and determine if you are eligible to be registered as a physiotherapist in New Zealand. We use the information to assess your qualifications, competence, and fitness to practise as a physiotherapist in New Zealand. We may also use the information to perform our functions under the Act and for other lawful purposes.

We collect personal information directly from you and may collect information from other sources, including educational, regulatory, and law enforcement agencies. If the information we require is not provided, we may be unable to process your application.

How is your privacy protected?

All relevant information about you is collected and is held by the Physiotherapy Board, Level 12, 10 Customhouse Quay, Wellington. You have the right to have access to any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to have access to your personal information, or to have it corrected, please email us at privacy@physioboard.org.nz, or write to our Privacy Officer at Physiotherapy Board, PO Box 10734, Wellington 6143.

Last updated: 20 March 2018

COMPULSORY QUESTIONS

Tick either “Yes” or “No” to **all** of the following questions and where necessary provide relevant information.

If you answer “Yes” to any of the questions below, include 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, 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.

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)

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.

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.

CHECKLIST

Applicant's name: _____

Please check that you have answered **all** the compulsory questions and ensure that this application is complete and accurate. If any information is missing then the application will not be processed and we will contact you.

Tick to indicate you have enclosed payment:

Application fee of **NZ\$353.50**

Tick to indicate you have included the following items:

Passport – Personal pages section (**certified copy**)

Evidence of change of name (where applicable) – **certified copy** of marriage certificate/statutory declaration

Included extra information i.e. you answered “Yes” to any of the Compulsory questions.

SEND THIS APPLICATION

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

Courier your application to (temporary address):

The Registrar
The Physiotherapy Board
Level 12 Maritime Tower
10 Customhouse Quay
Wellington 6011
New Zealand

If you have any further questions, please contact the Board:

Telephone: +64 4 4712610 or email: registration@physioboard.org.nz

PAYMENT ADVICE

Applicant's Name: _____

Registration Number: 70-

The appropriate payment must accompany the application. Fees must be paid in NZ dollars by, bank draft, debit/credit card. Please make drafts payable 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.

Amount payable: **NZ\$353.50** - Restoration to the Register

Credit card: Visa MasterCard **Bank draft:**

Card number:

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Card security number:

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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 NZ\$353.50 (GST incl).