

APPLICATION FORM: COURSE ORGANISER



Registration as a Physiotherapist within the Special Purpose Scope of Practice: Visiting Physiotherapy Presenter/Educator

A COURSE INFORMATION: TO BE COMPLETED BY THE COURSE ORGANISER

Course Presenter's Name:

Course/conference Title:

Start date: / /

Finish date: / /

Target audience: e.g. physiotherapists, other health professionals, general public

Brief description of course/conference or provide printed information on the course:

Course Organiser/Contact person:

Registration Number: 70-

Full name:

Name of organisation:

Email address (please write clearly):

Full postal address: *(where the letter of registration should be sent)*

City:

Postcode:

Phone number: ()

Fax number: ()

I confirm that the information I am providing is true and correct to the best of my knowledge:

Signature of Course Organiser/Contact person: _____

Date: / /

B CHECKLIST

Applicant Name: _____

As both the Course Organiser and the Presenter will be completing forms, please check that both forms are complete, consistent and accurate. If any information is left out, the application will be delayed.

Tick that the following are enclosed with the two forms:

Application fee of \$349.60

A copy of the following:

- Presenter's passport (personal details section)
- Evidence of change of name (if applicable)
- Entitlement/license to practice
- Any section 16 documents (if applicable) *refer to declaration completed by presenter.*

C APPLICATION FEE

An application fee of NZ\$349.60 (inclusive of GST) must accompany the application. This includes the fee for a Practising Certificate. This payment must be in New Zealand dollars.

Fees can be paid by credit card. **Registration is normally valid for one month and limited to the presenting function.**

Amount payable: \$349.60 Debit/Credit card: Visa Mastercard

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 \$NZ349.60 (GST incl).

D SEND THIS APPLICATION

Please ensure that all sections of this form are completed. Include all relevant documents. Incomplete applications will be returned. Full payment is required before this application can be processed. The application fee of \$230 includes payment for a Practising Certificate.

Post your application to:

The Registrar
The Physiotherapy Board
PO Box 10 734
Wellington 6143
New Zealand

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 or Email: registration@physioboard.org.nz