

APPLICATION FORM: COURSE PRESENTER



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

Please complete all sections of this form.

A PERSONAL DETAILS OF PRESENTER

The Board maintains a public register of physiotherapists. For the Register, the Board requires the following information regarding the presenter:

This symbol marks the areas on the form where the information you supply will be made available to the public.

Title: Miss Ms Mrs Mr Dr

Given names: (enter details as stated on your passport)

Surname/Family name: (enter details as stated on your passport)

Date of birth: Day/Month/Year

Gender: Male Female

Email address:

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"/> Maori | <input type="checkbox"/> Niuean | _____ |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Chinese | _____ |
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Indian | _____ |

B ACADEMIC QUALIFICATION

Your primary physiotherapy qualification is the course of study leading to your initial registration/licensure as a physiotherapist.

Primary qualification in physiotherapy (state the full title as on your official degree/diploma document):

.....

Name of institution where primary qualification in physiotherapy was obtained:

.....

City: **Country:**

Date conferred (the date of your graduation ceremony): Month/Year . **Length of programme:** (years)

If the physiotherapy presenter has previously been registered in New Zealand the details above will already be on the Register and need not be supplied again.

C CHECKLIST

I have provided the following:

- A copy of my current passport (personal details only) as identification, and
- A copy of my current entitlement/licence to practice from my country/state of registration.

D DECLARATION: THIS MUST BE COMPLETED BY THE PRESENTER

In order to complete registration within the special purpose scope of practice: Visiting Physiotherapy Presenter/Educator under the HPCA Act, the presenter needs to make a declaration.

Health Practitioners Competence Assurance Act 2003 - Section 16: Fitness for Registration

No applicant for registration may be registered as a health practitioner of a health profession if-

- a) He or she does not satisfy the responsible authority that he or she is able to communicate effectively for the purposes of practising within the scope of practice in respect of which the applicant seeks to be, or agrees to be, registered; or
- b) He or she does not satisfy the responsible authority that his or her ability to communicate in and comprehend English is sufficient to protect the health and safety of the public; or
- c) He or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer, and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
- d) The responsible authority is satisfied that the applicant is unable to perform the functions required for the practice of that profession because of some mental or physical condition; or
- e) He or she is the subject of professional disciplinary proceedings in New Zealand or in another country, and the responsible authority believes on reasonable grounds that those proceedings reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
- f) He or she is under investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings, and the responsible authority believes on reasonable grounds that those proceedings reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
- g) He or she –
 - i. Is subject to an order of a professional disciplinary tribunal (whether in New Zealand or in another country) or to an order of an educational institution accredited under section 12(2)(a) or to an order of an authority or of a similar body in another country; and
 - ii. Does not satisfy the responsible authority that that order does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
- h) The responsible authority has reason to believe that the applicant may endanger the health and safety of members of the public

PLEASE NOTE:

If there are any circumstances which may affect your ability to be registered in respect of section 16 please include this information with your application.

By making this declaration I hereby certify that:

I am the person who is applying for registration (with the Special Purpose Scope of Practice – visiting presenter/educator) and a practising certificate under the Health Practitioners Competence Assurance Act 2003.

I have read section 16 of the Health Practitioners Competence Assurance Act 2003 which is provided above.

I understand that I can not practice as a physiotherapist in New Zealand with this special purpose scope of practice.

I understand that my professional activities in New Zealand are limited to presenting/educating only.

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

Full Name of Applicant: _____

Signature: _____

Date: Day/Month/Year

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.

When may your personal information be disclosed?

Besides our staff, we share this information with assessors engaged to assess your application and advise us regarding your eligibility for registration. Information may also be disclosed in accordance with the Privacy Act 1993.

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.

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