



Mutual Recognition Voluntary Relationship Charter

Application Form For Australian Dietitians Credentialed By the Dietitians Association of Australia (DAA) Wishing To Register in New Zealand

Please print clearly.

PERSONAL AND CONTACT DETAILS

Title (*circle*) Dr/Mr/Miss/Mrs/Ms First names:

Family name/surname:

Please attach evidence if your name differs from that on your accompanying documents.

Previous names (*if any*) you have used: Date changed:

Gender: Male / Female

Country of birth: Date of birth: / /
day month year

Residential address (*street address*)

.....

.....

Postal address (*if different from above*)

.....

.....

Work address (*if applicable*)

.....

.....

E-mail address: Work: Home:

Work phone number: Cell-phone number:

Fax number: Home phone number:

OFFICE USE ONLY

Date application received: Fee banked stamp:

Verified by DAA: Yes / No (Date)

NZ registration number/date approved:

I solemnly and sincerely declare that:

- 1. (a) I apply for registration as a dietitian in New Zealand in accordance with the Mutual Recognition Voluntary Relationship Charter between the Dietitians Association of Australia and the New Zealand Dietitians Board.
- (b) I am currently credentialed with **full APD status** by the Dietitians Association of Australia (DAA).

(Please supply a copy of a document evidencing your DAA credentialing)

- 2. My Dietitians Association of Australia (DAA) number is
- 3. Dietetic qualification(s) held *(full title)*:
- Granting university/institution and location:.....
- The date the degree/qualification was conferred:.....
- Other relevant qualification(s) held *(full title)*:.....
- Granting university/institution and location:.....
- The date degree/qualification was conferred:

(Please supply a copy of your qualification certificate(s))

- 4. I am not the subject of any disciplinary proceedings, or of preliminary investigations or action that might lead to disciplinary proceedings, in Australia, New Zealand or other jurisdiction.
- 5. My credentialing/registration is neither cancelled nor suspended in any jurisdiction as a result of disciplinary action.
- 6. I am not otherwise personally prohibited from practising as a dietitian in any jurisdiction, and I am not subject to any special conditions in continuing any such occupation, as a result of criminal, civil, or disciplinary proceedings in any jurisdiction.
- 7. Please tick one:
 - I **am not** subject to special limitations or special conditions in practising.
 - I **am** subject to special limitations or special conditions in practising.

Please note: No dietitian with any restriction or limitation regarding their practice in their country of registration/credentialing is eligible to apply for Mutual Recognition.

- 8. I give consent to the New Zealand Dietitians Board making inquiries of, and exchanging of information with, the Dietitians Association of Australia or other jurisdiction regarding my activities in the practice of dietetics or any other matters relevant to this application.

I further solemnly and sincerely declare that:

(PLEASE CONSIDER THE DECLARATION BELOW CAREFULLY BEFORE YOU SIGN)

- 1. All of the information provided with this application is true and correct in every particular and detail.
- 2. I have not been convicted by any court in Australia, or elsewhere, of any offence punishable by imprisonment for a term of 3 months or longer.
- 3. I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.
- 4. I am not the subject or have ever been the subject of professional discipline by any other health occupational registration authority.
- 5. I know of no information that could cause the Dietitians Board not to be satisfied that I am fit to practise and a competent person to be registered.

6. I will undertake to read the preparatory material provided by the Board on its website, relating to the 'Best Health Outcomes for Maori: Practice Implications'. I understand that registration may not be granted until I provide evidence of a pass in the on-line test based on this reading. This certificate is / is not (*please strike out one*) enclosed with this application.
7. I have read and will abide by the New Zealand Dietitians Board 'Code of Ethics' for dietitians practising in New Zealand, including familiarising myself with New Zealand's legislative requirements, as specified in the New Zealand Dietitians Board 'Code of Ethics'.
8. I understand that in being accepted to register with the Scope of Practice of Dietetics in New Zealand, I am required to participate in the Board's 'Continuing Competence Programme'.
9. I undertake not to practise as a registered dietitian without holding a current practising certificate.
10. I will provide the Dietitians Board with any such further information as it may require.

If you cannot make any of the above declarations, strike it out and state details of why:

.....

SIGNED BY: Name:
 (Full name of applicant) (Signature of applicant)

Declared at: this day of 20.....

IN THE PRESENCE OF: Name:
 (Full name of witness) (Signature of witness)

Address (of witness):

Occupation (of witness):

(Please note: A witness must not be a relative or a close friend)

PAYMENT

Note: This fee is to be paid in New Zealand dollars and is non-refundable whatever the outcome of your application.

To the Dietitians Board

GST No: 73-081-211

Enclosed is my cheque / bank draft for NZ\$ 250.00 made payable to the Dietitians Board.

Credit card: Please debit my (*please tick one*)

Visa

MasterCard

Card number

Expiry date Amount NZ\$ 250.00

Cardholder's name

Cardholder's signature

Please send your application to: The Registrar of the Dietitians Board, either by:

Posting to: PO Box 10-140, Wellington, New Zealand

or

Courier delivery to: Level 3, Freemasons House, 195-201 Willis Street, Wellington, New Zealand.

The Registrar can be contacted by telephone on **+64 4 474 0746** or by e-mail at:
dietitians@dietitiansboard.org.nz