



Dietitians Board  
PO Box 10 140  
WELLINGTON 6143

## Applicants with New Zealand Dietetic Qualifications

### Application for Registration within the Scope of Practice of Dietetics in New Zealand

under Section 21 (1) of the Health Practitioners Competence Assurance Act 2003

You must be registered with the Dietitians Board and hold a current practising certificate before you can lawfully practise as a dietitian in New Zealand.

A separate application form for a practising certificate must be completed and the required fee paid.  
That form will be sent to you if and when the Board grants this application for registration.

Please complete this form in **BLOCK LETTERS**, for example: **ANN SMITH**.  
You will be required to tick or circle a response to some questions.

*Your Check List when sending this completed form to the Dietitians Board - Have you included:*

<i>Certified copy of birth certificate or passport</i> <input type="checkbox"/>	<i>Evidence of name change (if applicable)</i> <input type="checkbox"/>
<i>Contact details of two referees</i> <input type="checkbox"/>	<i>Fees Payment Form and payment</i> <input type="checkbox"/>
<i>Evidence of dietetic qualification</i> <input type="checkbox"/>	

To: The Registrar, Dietitians Board, PO Box 10 140, Wellington 6143

**I wish to apply to register within the scope of practice of dietetics under the Health Practitioners Competence Assurance Act 2003.**

<b>Board use</b> - Date received stamp	<b>Board use</b> - Date fee banked stamp	<b>Board use</b> - Database Number

## Personal details

Title: Miss, Mrs, Ms, Mr, Dr <i>(Please circle one)</i>	Gender: Female <input type="radio"/> Male <input type="radio"/> <i>(Tick one box)</i>
First Name/s:	
Surname:	
Former surname:	
Date of birth:	Country of Birth/Ethnicity:

**PLEASE ENCLOSE A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE OR PASSPORT.**

**Please note that this must be certified by a Justice of the Peace, Solicitor or Notary Public (not Police or any others). The official must sign with his/her name, position and official seal or stamp (where applicable), clearly visible beneath the signature. If your name on this 'application for registration' form is different to that on your identification, please send certified evidence of name change.**

Residential address:	
	Post code:

Postal address:	
	Post code:

Work address (if applicable)	
	Post code:

Daytime telephone number:	Mobile number:	Evening telephone number:

Preferred or main e-mail address:
Other or secondary email address:

## Dietetic qualifications

State your dietetic qualification:
Institution awarding qualification:
Year in which your dietetic course was successfully completed:
I have arranged for the University to forward evidence to the Board that I have completed my course <input type="radio"/> (Tick)
OR
Evidence of the completion of the course is attached to this application form <input type="radio"/> (Tick)

## Two references of your character and fitness (see information attached)

<p>Please state name, address and telephone/fax numbers of two referees who have known you for more than 12 months and are not close relatives. <b>One referee is to be a dietetic staff member involved with your course of study.</b></p> <p><b>Please note that <u>the applicant</u> is expected to ensure the references from the referees are sent directly to the Dietitians Board at PO Box 10 140, Wellington. Without these, your application cannot proceed.</b></p>
(i) Referee's name:
Address:
Telephone/Fax numbers:
(ii) Referee's name:
Address:
Telephone/Fax numbers:

## Application fees

Please note that the fees in New Zealand dollars (inclusive of Goods and Services Tax) you are likely to pay and are non-refundable, are:

For registration (this application form)	\$255.00
For a practising certificate (to be paid if you are registered)	\$552.00 p.a.
<b>Or:</b> Applications for Practising Certificates between 1 December and 31 March in any year	\$294.00
Complete and enclose the Fees Payment Form	<input type="checkbox"/> Tick

## Declaration

PLEASE CONSIDER THE DECLARATION BELOW CAREFULLY BEFORE YOU SIGN IT

**I solemnly and sincerely declare that:**

- 1) All of the information provided with this application is true and correct in every particular detail.
- 2) I have not been convicted by any court in New Zealand, 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 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.
- 7) I undertake not to practise without holding a current practising certificate.
- 8) 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 in the following box:

**SIGNED BY:** Name: \_\_\_\_\_  
(Print Full Name of Applicant) (Signature of Applicant)

Declared at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**IN THE PRESENCE OF:** Name: \_\_\_\_\_  
(Print Full Name of Witness) (Signature of Witness)

Witness's Address: \_\_\_\_\_

Witness's Occupation: \_\_\_\_\_

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

**Detach this form, copy and give to your referees. Without these references your application cannot proceed**

### **REFERENCES OF CHARACTER AND FITNESS**

#### ***Referee Requirements***

*Only supply a reference if:*

- 1) You are **not** a close friend or relative of the applicant*
- 2) You have known the applicant for at least 1 year*
- 3) You are in a position of responsibility and are a professionally qualified person such as a dietetic supervisor, lawyer, engineer, doctor, school teacher, police officer or a person of similar standing.*

***This information sheet is provided to assist people preparing references for applicants for registration within the Scope of Practice of Dietetics with the Dietitians Board in New Zealand.***

To assist the Board referees should comment to the best of their knowledge on:

- The capacity in which they know the applicant.
- The applicant's character, i.e. is the applicant an honest and trustworthy person.
- Whether the applicant is a suitable person for registration, i.e. do you believe that the applicant is competent to be registered as a dietitian. (Referees may not always be able to comment on this).
- The fitness of the applicant to practise; the law specifies a number of fitness criteria:
  - able to communicate effectively for the purposes of practising;
  - able to communicate in and comprehend English sufficiently to protect the health and safety of the public;
  - not been convicted of an offence punishable by imprisonment for a term of 3 months or longer;
  - not have a mental or physical condition that precludes them functioning safely as a dietitian;
  - not subject of, under investigation or subject to an order relating to professional disciplinary proceedings.

Please make sure that the name of the person you are providing a reference for is clearly stated on the reference and that wherever possible, it is submitted on letterhead.

The Dietitians Board thanks you for your time in reading this information and for preparing a frank reference.

Please send the **signed** reference direct to:

Dietitians Board  
PO Box 10-140  
Wellington  
**NEW ZEALAND**  
Telephone: +64 4 474 0746

## CHECKLIST

*Please ensure you send all of the following to:*

*Dietitians Board, PO Box 10 140, Wellington 6143, New Zealand.*

- q** The completed and signed application form, with the Declaration witnessed,
- q** The fee to apply for Registration, of \$255.00  
*Pay by cheque, Visa or MasterCard to the Dietitians Board.  
This fee is independent of annual fees payable to work as a Registered Dietitian.*
- q** Certified copy of birth certificate / passport.
- q** A copy of your PG Diploma of Dietetics certificate would be appreciated after the awarding ceremony.

***Photocopies of your birth certificate / passport must be certified (notarised) as a true copy of the original by a solicitor, Justice of the Peace, or Notary Public (not Police or any others). The official must sign with his/her name, position and official seal or stamp (where applicable) clearly visible beneath the signature.***