



**New Zealand Dietitians Board**  
*Te Mana Mātanga Mātai Kai*

## **Cancellation of Entry on Register**

To cancel your registration under section 142 of the Health Practitioners Competence Assurance Act 2003 you are required to complete this declaration and return the **original signed copy** to the Board's office. Scans/emails/faxes will **not** be accepted.

### **Section 1: Contact details**

Name: .....

Registration Number: .....

Name and address of last place in which you practised dietetics:

.....  
.....

### **Section 2: Request for cancellation**

I, *[insert full name here]* \_\_\_\_\_, hereby request that the Board cancel the entry relating to me in the Register of Dietitians ('the Register').

### **Section 3: Statutory declaration**

**PLEASE CONSIDER THE FOLLOWING DECLARATION CAREFULLY, BEFORE YOU SIGN.**

I,.....(Full name)

of.....(Place of abode)

solemnly and sincerely declare that:

*(please read and tick each statement to confirm your agreement\*)*

all of the information provided with this application is true and correct in every particular and detail.

*(continues)*

I am not aware of any pending investigation or proceeding by police, professional body, Health and Disability Commissioner, Disciplinary Tribunal, employer or any other agency in New Zealand or elsewhere; and

I have not been the subject of any adverse finding by a professional body, the Health and Disability Commissioner, Disciplinary Tribunal, or any other agency in New Zealand or elsewhere; and

I understand that cancellation of the entry relating to me in the Register does not affect my liability for acts or defaults occurring before the date of cancellation; and

I understand that after my name has been cancelled from the Register, I cannot use the title of 'Dietitian', and that if I wish my name to be restored to the Register in future, I have to submit a new application for registration;

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 declarant: .....

Declared at: .....  
(e.g. Auckland)

on this the ..... day of ..... 20.....  
(e.g. 11<sup>th</sup>) (e.g. June) (e.g. 2016)

Before me: .....  
(A person authorised to take statutory declaration\*\*)

(Authorised person please print name:.....)

*\* If you are unable to complete the above declaration as a result of a pending matter, please contact the Board for further advice on your options.*

*\*\* persons authorised to take a statutory declaration in New Zealand include a barrister or solicitor of the High Court, a Justice of the Peace, a Notary Public, a Member of Parliament*

**Please return your completed form to:**

The Registrar  
Dietitians Board  
PO Box 9644  
Wellington 6141  
New Zealand

**If you have any questions related to the completion of this form please email:**  
[administration@dietitiansboard.org.nz](mailto:administration@dietitiansboard.org.nz)