



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

You must be registered with the Dietitians Board and hold a current practising certificate before you can lawfully practise in New Zealand OR call yourself a Dietitian.

An Annual Practising Certificate is applied and paid for separately after you have been granted Registration.

You will need to include the following in this Registration application:

- **Certified** copy of birth certificate or passport
- Contact details for a character referee
- Evidence of dietetic qualification
- Certified evidence of name change (if applicable)
- Fee Payment form and Payment
- Criminal Convictions third party application form: For New Zealand conviction reports, please use **THIS** form, print, sign and return to the Board for processing.

Please note certified documents are copies of your original documents copied and sighted by an individual of authority such as a Solicitor, Justice of the Peace or Court Registrar.

Registration Application fee: \$300

Send to:

The Registrar, Dietitians Board
PO Box 9644 Wellington 6141
New Zealand

Application cannot be completed and Registration granted until the Board receives a letter of course completion from the university granting your qualification

(Please Tick One)

- University of **Otago** Master of Dietetics
- Massey** University Master of Science Nutrition & Dietetics
- University of **Auckland** Master of Health Science Nutrition & Dietetics

DECLARATION

I _____

Wish to apply to the Dietitians Board, for Registration to become a New Zealand Registered Dietitian.

PERSONAL DETAILS

Title: Miss, Ms, Mrs, Mr, Dr

(Circle one)

Gender: Female Male

(Circle one)

Ethnicity/s: 1.

2.

3.

First name/s:

Surname:

Former Surname (If Applicable):

Postal address:

Post code:

Work address:

Post code:

Daytime telephone number:

Mobile number:

Evening telephone number:

Preferred or main email address:

Other or secondary email address:

Dietetic Qualification Information

Dietetic Qualification: _____

Name of Institution granting Qualification: _____

Date of completion: _____

Character and Fitness References

The Board requires 2 references regarding your character and fitness to practice. One of these references will be provided by your Head of Programme and will be included with your course completion notification.

The other is a person of your choice who has known you for more than 12 months and is neither a close relative or cohabitant. Please see page 5 of this document for more details.

Please note, the applicant is expected to ensure the references from the referees are sent directly to the Dietitians Board – without these your application cannot proceed

Referee

Name: _____

Address: _____

Primary Contact Number: _____

Secondary : _____

Before you complete the following declaration have you prepared and or included the following items?

Certified copy of birth certificate or passport

Contact details for a character referee

Completed application form(s) for criminal conviction record checks

Provided the final page of this document to your referee

Certified evidence of name change (if applicable)

Fees payment form and payment

DECLARATION

PLEASE CONSIDER THE DECLARATION BELOW CAREFULLY BEFORE YOU SIGN

I solemnly and sincerely declare that (please tick each that applies):

- All of the information provided with this application is true and correct in every particular detail.
- 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.
- I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.
- I am not the subject or have ever been the subject of professional discipline by any other health occupational registration authority.
- I know of no information that could cause the Dietitians Board not to be satisfied that I am a fit and competent person to be registered.
- 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.
- I undertake not to practise without holding a current practising certificate.
- 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 why in this 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, cohabitant or a close friend)

Detach this information sheet and give it to your referee. Without this reference your application cannot proceed. The referee should not be your head of programme as they will automatically provide a fitness to practice reference to the Board

Your referee must send their reference directly to the Board.

Reference of Character and Fitness

This information sheet is provided to assist people preparing reference 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 applicants 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 practice; the law specifies a number of fitness criteria they must:

- Be able to communicate effectively for the purpose of practising
- Be 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 three months or longer
- Not have a mental or physical condition that precludes them functioning safely as a dietitian
- Not be under investigation or subject to an order relating to professional disciplinary proceedings

Only supply a reference if:

- You are NOT a close friend or relative of the applicant.
- You have known the applicant for at least 1 year.
- 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.

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:

**The Registrar
Dietitians Board
PO Box 9644
Wellington 6141
NEW ZEALAND**