



New Zealand Dietitians Board
Te Mana Mātanga Mātai Kai

Restoration of name to Register

This form is for practitioners who have previously been on the Register, and whose registration has been cancelled under section 142 of the Health Practitioners Competence Assurance Act 2003.

Note: It is illegal to call yourself a Dietitian or to practise as a Dietitian in New Zealand if you are not registered with the Dietitians Board and do not hold a current annual practising certificate.

I (full name) _____ (Registration number) _____
apply to be restored to the Register of Dietitians

Previous Registration number:20-.....

Personal and contact details

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

Family name/surname:

Previous names (if any) you have used:.....

Date changed:.....

(please attach evidence of previous name(s))

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

Country of birth:

Residential Address	Postal Address (if different)	Employer and Work Address

Main e-mail address:		Secondary e-mail address:	
Home phone no:	Mobile phone no:	Work phone no:	

Declaration

I,
Full name

of
Place of abode Occupation

Solemnly and sincerely declare that:

1. To the best of my knowledge, I meet the requirements of section 16 of the Health Practitioners Competence Assurance Act, in that I am fit for registration. In particular:
 - a) I am able to communicate effectively for the purposes of practising within the scope of practice in which I seek registration (True False

 - (b) I am able to communicate in and comprehend English to a standard sufficient to protect the health and safety of the public True False

 - (c) I have no convictions in any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer True False
(if false, please provide details of the offence, the duration of the sentence, the time that has elapsed since the conviction, and any other information you consider the Board should know about the conviction)

 - (d) I have no mental or physical condition that may mean I am unable to perform the functions required for the practice of the profession True False
(if false, please provide details of the mental or physical condition, and letter from a registered medical practitioner dated not more than one month prior to the date of your application for registration, which outlines your relevant medical history, treatment plan, prognosis, and the medical practitioner's opinion on your fitness to practise your profession.

 - (e) There are no professional disciplinary proceedings against me in New Zealand or in another country True False

 - (f) I am not under investigation, in New Zealand or any other country, in respect of any matter that may be the subject of professional disciplinary proceedings True False

 - (g) I am not subject to an order of a professional disciplinary tribunal, in New Zealand or anywhere else, or to an order of an educational institution, or to an order of an authority or similar body True False

2. All of the information provided with this application is true and correct in every particular and detail.
3. I will provide the Dietitians Board with any such further information as it may require in order to complete the process of restoration of my name to the Register of Dietitians.
4. I know of no information that could cause the Dietitians Board not to be satisfied that I am a fit and competent person to hold a practising certificate.

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 on this day of 20

Before me:

A person authorised to take statutory declaration

(Section 172 of the Health Practitioners Competence Assurance Act 2003 provides for a fine not exceeding \$10,000 and penalties for a person who knowingly makes a false declaration or representation to the Board).

Payment

Fee for restoration to the Register: \$150.00

I have paid by **Internet Banking** – my reference was _____
(Bank account for payment **03-0502-0254-940-000** – please reference your name and registration number)

OR

Please debit my *(please tick one)*

- MasterCard
- Visa

the sum of **NZ \$150.00**

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Card number **Expiry date MM/YY**

Cardholder’s name..... Cardholder’s signature.....

Notes

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

1. Please post your application to:

The Registrar
Dietitians Board
PO Box 9644
Wellington 6141
New Zealand

or courier to:

Level 5
22 Willeston Street
Wellington 6011
New Zealand

If you have any questions, please contact the Board:
Phone: (+64) 4 474 0746
Email: administration@dietitiansboard.org.nz