



DIETITIANS BOARD

Te Mana Mātanga Mātai Kai

Return to Practice APPLICATION FORM

All applications for returning to practice must include (1) a covering letter addressed to the Registrar, (2) this form and (3) an up to date CV. The letter should set out the reasons for the application, summarise your career pathway since you last practised in New Zealand, and specify any other factors you feel should be considered in your application for returning to practice e.g. other relevant work experience, further qualifications, courses completed.

Your application should also contain:

- Details of any continuing competency you have undertaken over the time you have not been working as a Dietitian - in date order with full course titles and duration where appropriate.
- Certificate of Good Standing and/or proof of Registration with Health Professions Council/credentialing agency/regulatory authority, if applicable
- Names and contact details of two referees
- Any other supporting documentation you feel would be relevant to your application

NOTE: If you have lived overseas for more than 2 years you may be required to provide a criminal conviction report – please check with the Board's office

| | | |
|---|---|--|
| Registration number: | 20 - | |
| Name: <small>(please include previous name(s) and copies of any certificates showing changes of name)</small> | | |
| Postal address: | | |
| Email: | | |
| Date you last practised dietetics | Year you last held an APC in New Zealand | |
| | | |
| Total number of years working in New Zealand as a dietitian with a current APC prior to taking time out of dietetic practice/working overseas. | | |
| Total number of years working in other countries <small>(please list countries and dates and include relevant registration documentation)</small> | | |
| List the main areas of dietetic practice in which you have worked: | | |
| | | |
| State the approximate months or years in each area of dietetics: | | |
| Clinical/community | | |
| Public Health | | |
| Food Service | | |
| General management | | |
| Other <small>(please specify)</small> | | |
| TOTAL | | |

Names and contact details of two referees

The references must be sent directly to the Registrar at the Board's postal address (original & signed).

Referees should have known you for more than 12 months and should not be close friends/relatives. At least one referee should be a PRESENT OR PAST EMPLOYER. At least one reference must be submitted on appropriate letterhead.

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 to practice as a registered dietitian, i.e. do you believe that the applicant is competent to be registered as a dietitian and hold an annual practising certificate? (Some referees may not be able to comment on this).*
- *The fitness of the applicant to practise dietetics; the law specifies a number of fitness criteria. A registered dietitian should:*
 - *be able to communicate effectively for the purposes of practising;*
 - *be able to communicate in and comprehend English sufficiently to protect the health and safety of the public;*
 - *not have 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 be the subject of, under investigation or subject to, an order relating to professional disciplinary proceedings*

Referee #1:

Referee #2:

Supervisor's/Mentor's name (if applicable):

Job applied for (if known):

Include a job description where possible

Signature

Date:

Use the checklist below to ensure you have included the information to assist the Board assess your application.

CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Completed, signed, dated application form | <input type="checkbox"/> Two referees (references sent directly to the Board) |
| <input type="checkbox"/> Payment | <input type="checkbox"/> Certificate of Good Standing, Proof of overseas Registration |
| <input type="checkbox"/> Covering letter & CV | <input type="checkbox"/> Evidence of change of name if applicable |
| <input type="checkbox"/> Past professional development & future learning plan | <input type="checkbox"/> Job description if applicable |
| <input type="checkbox"/> Supervisor/Mentor's name if applicable | <input type="checkbox"/> Other supporting document |

PAYMENT - \$175 (inc gst)

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)

CREDIT CARD: (tick one) Visa Mastercard

Card Number

Expiry Date: Month/Year _____/_____ Amount (NZ\$) _____

Cardholder Name _____ Signature: _____

Please post your application to:

The Registrar, Dietitians Board, PO Box 9644, **Wellington 6141**