Eligibility for Registration Application Form
Overseas Trained Dietitians

Dietitians Board
Te Mana Mātanga Mātai Kai

This Eligibility Application is the first step in the process of becoming registered as a dietitian in New Zealand.

Prior to submission, applicants are asked to review all application documentation using the **Eligibility for Registration Checklist** to ensure the application is complete. Incomplete applications will not be accepted.

If you have any questions regarding this form or the application process, please email dietitians@dietitiansboard.org.nz or phone +64 4 474 0746.

Please ensure you submit your application with all required documentation. Complete applications are to be submitted via email to **dietitians@dietitiansboard.org.nz**.

1. Personal Details			
First Name(s)			
Preferred Name			
Middle Name(s)			
Last Name			
Gender	☐ Female ☐ Male ☐ Non-binary ☐ Gender fluid		
	☐ Other (please specify): ☐ Choose not to answer		
Pronouns	☐ she/her/ia ☐ he/him/ia ☐ they/them/ia		
	☐ Other (please specify): ☐ Choose not to answer		
Ethnicity			
Postal Address			
		Postcode	
Email			
Secondary email			
Work Phone		**Home Phone**	
Mobile Phone			

2. Pathway to Registration

Do you know the Board's prescribed qualification(s) / pathway(s) to registration for which you are eligible? If yes, please select your intended pathway:

☐ Straight to Registration Pathway ☐ Subspecialist Pathway

☐ Straight to Examinations Pathway ☐ Recognition of Qualifications and Examinations Pathway

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3. Qualifications

Please give details of your qualifications.

Qualification Gained	Name of University / Institution	Date Completed

4. Registration/Licensure History

Please list the jurisdictions where you have worked as a registered/credentialled/licensed dietitian.

Country	Name of regulator / registration authority	Date (start)	Date (end)

5. Referees

Please list the referees who will be submitting references (all references must be sent directly to the Board).

Name	Position/Employer	Dates you worked together

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6. General Disclosures

In order to protect the health and safety of the New Zealand public the Board must establish that you are fit for registration. Please answer all the following questions and where necessary provide relevant information. You may be required to provide additional information depending on your response to the following questions.

The disclosure or existence of any medical conditions, offences or disciplinary action does not automatically result in being unsuitable for registration.

	Yes	No
a. Are you able to communicate effectively for the purposes of practising as a dietitian?	☐	☐
b. Are you able to communicate in and comprehend English to a standard sufficient to protect the health and safety of the public?	☐	☐
c. Has any application you have made for registration, certification or licensing as a health practitioner or as a provider of healthcare services been refused for any reason in any country, state or territory?	☐	☐
d. Has any registration you hold or have held, as a health practitioner, been made subject to any limitations, restrictions or conditions (including supervision requirements) on your practice?	☐	☐
e. Do you suffer (or have you ever suffered) from any mental or physical condition that may impair your ability to perform the functions required to practise as a dietitian? This might include, for example, epilepsy, an infectious disease or a condition or alcohol or drug use if these conditions may impair your ability to practise as a dietitian.	☐	☐
f. Have you been, or are you currently, under investigation by the Police in Aotearoa New Zealand or overseas (include traffic offences involving alcohol or drugs)?	☐	☐
g. Have you been convicted of any offence by any Court in Aotearoa New Zealand or overseas?	☐	☐
h. Have you ever been or are you currently subject to any investigation by an educational institution in New Zealand or elsewhere?	☐	☐
i. Have you ever been the subject of, or are you currently subject to:		
• Investigation relating to any matter that may result in or has resulted in professional disciplinary proceedings by a regulatory authority or employer in New Zealand or overseas?	☐	☐
• A formal competence review (or similar process) or a restriction on your practice based on your clinical performance?	☐	☐
• Are you now or have you ever been, subject to an adverse finding in any disciplinary action in Australia, New Zealand or elsewhere?	☐	☐
• Has any registration you have held, in any country, been suspended, withdrawn, revoked, cancelled and/or removed for any reason?	☐	☐
• Have you ever had your employment as a dietitian terminated on the grounds of misconduct or for reasons related to competence?	☐	☐

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7. Additional Information

Please use this section to explain any gaps in your CV of more than 10 weeks or any of your responses to the disclosures in section 6. You are welcome to use a separate document if needed.

8. Declaration and Authorisation

I, _____ (full name)

declare that the details given in this application are true and correct.

I understand that providing false or misleading information may be grounds for declining my application.

I make this declaration in the knowledge that a false declaration may lead to disciplinary action and/or a conviction and fine (up to $10,000.00) under section 172 of the Health Practitioners Competence Assurance Act 2003.

I acknowledge that the information given by me in connection with this application may be discussed with my referees, and I agree to them being contacted if necessary.

I understand that the information obtained from referee checks will be held in confidence and will not be available to me.

I understand that a successful *Eligibility Application* is not a guarantee of registration, employment or immigration to New Zealand.

I understand that I am personally responsible for submitting applications to potential employers and Immigration NZ.

Signature: **Date:**