



# Mutual Recognition Voluntary Relationship Charter Application for Registration

## **NAME OF APPLICANT:**

For practitioners credentialed by the Dietitians Association of Australia (DAA)

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 documentation evidencing your DAA credentialing, qualifications & work history in this Registration application:

- Fee payment
- **Certified** copy of birth certificate or passport
- Contact details of two referees
- Dietetic qualification certificates
- DAA APD Evidence
- Certified evidence of IELTS/OET
- Evidence of name change (if applicable)
- Curriculum Vitae
- Academic Transcripts
- Criminal convictions report(s) – see Board Policy on Criminal Convictions.

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: \$350**

Send to:  
The Registrar  
Dietitians Board  
PO Box 9644  
WELLINGTON 6141  
New Zealand

## 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

**Gender:** Female Male

**Date of Birth:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**Ethnicity/s:** \_\_\_\_\_

**First name/s:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Former Surname (If Applicable):** \_\_\_\_\_

**I intend to arrive/have arrived in New Zealand on or about:** \_\_\_\_\_

**I have/have not been offered a position in New Zealand (please explain):**

**The date the position is intended to start:** \_\_\_\_\_

**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:** \_\_\_\_\_

## DECLARATION

PLEASE CONSIDER THE DECLARATION BELOW CAREFULLY BEFORE YOU SIGN

**I solemnly and sincerely declare that:**

1. I apply for registration as a dietitian in New Zealand in accordance with the Mutual Recognition Voluntary Relationship Charter between the Dietitians Association of Australia and the New Zealand Dietitians Board.
2. I am currently credentialed with **full APD status** by the Dietitians Association of Australia (DAA)
3. My Dietitians Association of Australia (DAA) number is \_\_\_\_\_
4. Dietetic qualification(s) held (*full title*): \_\_\_\_\_  
Granting university/institution and location: \_\_\_\_\_  
The date the degree/qualification was conferred: \_\_\_\_\_  
Other relevant qualification(s) held (*full title*): \_\_\_\_\_  
Granting university/institution and location: \_\_\_\_\_  
The date degree/qualification was conferred: \_\_\_\_\_
5. I am not the subject of any disciplinary proceedings, or of preliminary investigations or action that might lead to disciplinary proceedings, in Australia, New Zealand or other jurisdiction.
6. My credentialing/registration is neither cancelled nor suspended in any jurisdiction as a result of disciplinary action.
7. I am not otherwise personally prohibited from practising as a dietitian in any jurisdiction, and I am not subject to any special conditions in continuing any such occupation, as a result of criminal, civil, or disciplinary proceedings in any jurisdiction.
8. I **am not** subject to special limitations or special conditions in practising.  
***Please note: No dietitian with any restriction or limitation regarding their practice in their country of registration/credentialing is eligible to apply for Mutual Recognition.***

I give consent to the New Zealand Dietitians Board making inquiries of, and exchanging of information with, the Dietitians Association of Australia or other jurisdiction regarding my activities in the practice of dietetics or any other matters relevant to this application.

If you cannot make any of the above declarations, strike it out and state why in this box:

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### **Character and Fitness References**

Please state below name, address and contact numbers of **two** referees who have known you for more than 12 months and are not close relatives.

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 #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Contact  
Number: \_\_\_\_\_

Secondary: \_\_\_\_\_

#### **Referee #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Contact  
Number: \_\_\_\_\_

Secondary: \_\_\_\_\_

### **English language requirements**

English is my first language **Yes/No**

If **NO** certified evidence of meeting the language requirements was submitted on \_\_\_\_\_ (date)

**English Language test completed: IELTS / OET**

**Pass Scores:** \_\_\_\_\_ **Pass Date:** \_\_\_\_\_

**Please refer to the Dietitian's Board Policy on English language requirements**  
[English Language Requirements](#)

The following documents is attached to this application

- |   |  |
|---|--|
| <input type="checkbox"/> Dietetics Qualifications                     | <input type="checkbox"/> Completed application form(s) for criminal Conviction record checks |
| <input type="checkbox"/> Academic transcripts                         | <input type="checkbox"/> IELTS/OET certified evidence  |
| <input type="checkbox"/> Criminal Conviction Record application       | <input type="checkbox"/> Contact details of one referee                                      |
| <input type="checkbox"/> Certified copy of Birth Certificate/Passport | <input type="checkbox"/> Certified evidence of name change (if applicable)                   |



**Detach this information sheet and give it to your referee. Without these references your application cannot proceed.**

**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
- 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 subject of, 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**