



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

APPLICANT NAME:

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:

- Fee payment
- **Certified** copy of birth certificate or passport
- Contact details of one referee
- Certified Evidence of IELTS/OET
- Evidence of name change (if applicable)
- 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 all 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

Application cannot be completed and fitness to practice and Registration granted until the Board receives a letter advising course completion from the University granting your qualification and the criminal conviction report has been received

A copy of your Master's Degree Certificate should be sent to the Board after the awarding ceremony.

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

(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:

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: _____

I successfully completed the dietitian prescriber training module

English Language requirements

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

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

Pass Scores: _____ **Pass Date:** _____

Please refer to the Dietitian's Board Policy on English Language requirements.

[English Language Requirements](#)

Character and Fitness Reference

The Board requires one character reference.

Your reference must come from someone who has known you for more than 12 months and is not a close relative.

Please note, the applicant is expected to ensure the reference from the referee is sent directly to the Dietitians Board from the referee – without this your application cannot proceed

Referee

Name: _____

Address: _____

Primary Contact Number/email address: _____

Secondary: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Certified copy of birth certificate or passport | <input type="checkbox"/> Completed application form(s) for criminal conviction record checks |
| <input type="checkbox"/> Contact details of one referee | <input type="checkbox"/> Provided the final page of this document to your referee |
| <input type="checkbox"/> IELTS/OET certified evidence | <input type="checkbox"/> Certified evidence of name change (if applicable) |
| | <input type="checkbox"/> Fee payment |

DECLARATION

PLEASE CONSIDER THE DECLARATION BELOW CAREFULLY BEFORE YOU SIGN

I solemnly and sincerely declare that:

1. All of the information provided with this application is true and correct in every particular detail.
2. 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.
3. I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.
4. I am not the subject or have ever been the subject of professional discipline by any other health occupational registration authority.
5. 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.
6. 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.
7. I undertake not to practise without holding a current practising certificate.
8. 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 or a close friend or housemate)

Payment details:

I have paid by Internet Banking – my reference was _____
(Bank Account number for payment: **03-0502-0254-940-000 PLEASE REFERENCE YOUR NAME**)

CREDIT CARD(tick one) VISA Mastercard

Card Number

Expiry date : Month/Year: _____ Amount: _____

Cardholder's name: _____ Signature: _____

OFFICE USE ONLY

Amount paid: _____ Payment for: ASS EXAM REG APC CERT Year: _____

Payment method: Internet banking M'Card VISA Sent to CS

Approval number: _____ Entered on database: _____ Signed: _____ Date: _____

Detach this information sheet and give it to your referee. Without this reference your application cannot proceed. Your referee must be an academic dietetic staff member.

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**