



New Zealand Dietitians Board
Te Mana Mātanga Mātai Kai

**Overseas
Registration
Application**

Overseas Trained Dietitian Application for Registration

NAME OF APPLICANT:

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.

You may apply for registration when your dietetic qualifications have been recognised and you have successfully completed the Dietitians Board Registration Examination

An Annual Practising Certificate is applied and paid for separately after you have been granted Registration.

REGISTRATION APPLICATION FEE: \$300

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.

Recognition of Dietetic Qualifications _____ (Date of Advisement)

Successful completion of the Dietitians Board Registration Examination _____ (Date of Advisement)

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

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

Pass Scores: _____ Pass Date: _____

PERSONAL DETAILS

Title: Miss, Ms, Mrs, Mr, Dr

Gender: Female Male

(Circle one)

(Circle one)

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:

NZ 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. 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)

