



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:

- Copies of certificate/s of dietetic qualifications
- Copies of academic transcripts
- Australian criminal conviction history check*
- Copies of all annual APD certificates
- Copy of [MaoriOra Foundation Cultural Competence Course](#) certificate
- Evidence of name change (if applicable)
- Curriculum Vitae
- Contact details of two referees
- Certified evidence of IELTS/OET (if applicable)
- Certified copy of birth certificate or passport
- Fee payment

Please note [certified documents](#) are **copies** of your original documents sighted by an individual of authority such as a Solicitor, Justice of the Peace or Court Registrar.

The date of certification must be within 6 months of the date the Board receives the document as part of an application.

Please do not send any original documents to the Board.

**Criminal conviction history checks are required for all countries in which you have lived for 12 months or more since age 17 (checks must be issued within 12 months of the date of this application).*

Registration Application fee: \$350

Send application 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, Mx

Gender: Female / Male / Not specified

Date 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: _____

Preferred or main contact phone number: _____

Other or secondary contact phone 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:

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: _____

Contact Number: _____

Email: _____

Referee #2

Name: _____

Address: _____

Contact Number: _____

Email: _____

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](#)

The following documents are included in this application:

- | | |
|---|---|
| <input type="checkbox"/> Copies of dietetic qualification certificate/s | <input type="checkbox"/> Curriculum Vitae |
| <input type="checkbox"/> Copies of academic transcripts | <input type="checkbox"/> <u>Certified</u> evidence of IELTS/OET (if applicable) |
| <input type="checkbox"/> Australian Criminal Conviction History Check | <input type="checkbox"/> Contact details of two referees |
| <input type="checkbox"/> <u>Certified</u> copy of birth certificate/passport | <input type="checkbox"/> Evidence of name change (if applicable) |
| <input type="checkbox"/> Copies of all APD credential certificates | |
| <input type="checkbox"/> Copy of MaoriOra Foundation Cultural Competence Course certificate | |

SIGNED BY:

Name: _____
(Print Full Name of Applicant) (Signature of Applicant)

Declared at: _____ this _____ day of _____ 20____
(time) (day) (month) (year)

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)

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

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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: _____

Please detach this information sheet and give it to your referees. Without these references your application cannot proceed.

Your referees must send their references 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 practise; 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**