



## Dietitians Board

PO Box 9644  
WELLINGTON 6141  
New Zealand

# Overseas Applicants

Application for:

## RECOGNITION OF DIETETIC QUALIFICATIONS

**Application fee: \$1000NZD**

You must be registered with the Dietitians Board and hold a current practising certificate before you can lawfully practice in New Zealand OR call yourself a Dietitian.

The purpose of this Assessment is to 'evaluate' your Qualifications, Education and Training against the New Zealand training for dietitians. This is why we ask for ALL relevant material that may assist in your application to become a Registered Dietitian in New Zealand.

Once your dietetic qualifications have been recognised you will be invited to sit the Boards Registration Examination – on successful completion you will be invited to apply for registration and a practising certificate.

Separate application forms for registration and for a practising certificate will need to be completed and the required fees paid in due course.

The Board will require a copy of your job offer / job description before you start to practice.

**Read the checklist on page 10 and post all the documentation along with this completed and signed form to:**

The Registrar  
Dietitians Board  
PO Box 9644  
Wellington 6141  
New Zealand

**Courier delivery is:**

Level 5  
22 Willeston Street  
Wellington 6141  
New Zealand

<b>Board use</b> - Date received stamp	<b>Board use</b> - Date fee banked stamp	<b>Board use</b> - Database Number
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## Recognition of Dietetic Qualification Application:

Please complete this form in **BLOCK LETTERS**, for example: **ANN SMITH**.

You will be required to tick or circle a response to some questions.

I wish to apply for Recognition of Dietetic Qualification to become a New Zealand Registered Dietitian

I have previously applied for Recognition of Dietetic Qualification, or Registration with the Dietitians Board in New Zealand:

Yes No (circle one)

If the answer is yes, please advise the month/year.....

## Personal Details

Title: Miss, Ms, Mrs, Mr, Dr Circle one

Gender: Female Male Circle one

First name/s:

Surname:

Former Surname:

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

Enclose a **certified** copy of your birth certificate OR passport

Enclose **certified** evidence of name change, if applicable, for example a marriage certificate

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

My residency status and / or intentions for residency will be/are: \_\_\_\_\_

The purpose of my travel to New Zealand is: \_\_\_\_\_

Residential address:

Postal address:

Post code:

<i>Work address (if applicable):</i>		
<i>Daytime telephone number:</i>	<i>Mobile number:</i>	<i>Evening telephone number:</i>
<i>Preferred or main email address:</i>		
<i>Other or secondary email address:</i>		

### Curriculum Vitae (CV) or Résumé

Enclose your Curriculum Vitae (CV) or résumé

Please ensure your CV is sufficiently detailed and accurate - in some cases the Board may also take into account when making its assessment, the relevant dietetic work experience of an individual who has been working for five or more years.

### Communication and Comprehension in English Language

Is English your first language?                      Yes                      No                      *(Circle one)*

If you answered 'No' you must enclose **certified** evidence of an overall pass in **the International English Language Testing System** (IELTS) of at least 7.5, with a minimum of 7.0 in each band, or the **Occupational English Test** (OET) with A or B in all four sections

**NB:** Applications for Recognition of Dietetic Qualification are only accepted once you have provided evidence of a successful pass in one of the tests recognised by the Board (if English is your second language). The test must have been taken successfully in the 12 month period prior to this application. The results of tests taken more than 12 months prior to your application will not be accepted.

### Criminal Convictions/Police Report

All applicants are required to provide an original or certified copy of a police report from every country in which they have lived since the age of 17 because, in determining fitness for registration, the Dietitians Board is required to take criminal convictions into consideration. Reports must have been issued within the last 12 months of the date of this application. An overseas applicant for registration can meet the Board's requirements by submitting a **certified copy of a current work, student or resident visa** issued by the New Zealand Government.

Provide criminal convictions/police reports for countries in which you have lived since age 17; OR

Provide a certified copy of a current work, student or resident visa issued by the New Zealand Government within the last 12 months.

## Dietetic Pre-requisite Education and Training (Tertiary)

**(NB: For example, your Bachelor of Science degree)**

<i>Dates from:</i> _____ <i>to:</i> _____ <i>Length of training (in weeks):</i> _____
<i>Educational institution:</i> _____
<i>Qualification gained and year:</i> _____
<i>Country:</i> _____
<i>Subjects studied:</i> <input type="checkbox"/> Provide syllabus, or list on separate sheet, showing content of papers and contact hours of study (for each subject) <input type="checkbox"/> Enclose <b>certified</b> official academic transcripts <input type="checkbox"/> <b>Certified</b> evidence of the successful completion of the course is enclosed (degree document)

## ALL Education and Training Related to your Dietetic Career

**(NB: For example, a Postgraduate Diploma in Dietetics and/or a Master degree in Dietetics)**

<i>Dates from</i> _____ <i>to</i> _____ <i>Length of training (in weeks):</i> _____
<i>Educational institution:</i> _____
<i>Qualification gained and year:</i> _____
<i>Country:</i> _____
<i>Subjects studied:</i> _____ _____
<input type="checkbox"/> Provide syllabus, or list on separate sheet, showing content of papers and contact hours of study (for each subject, including placements) <input type="checkbox"/> Enclose ALL academic transcripts, certified <input type="checkbox"/> Certified evidence of the successful completion of the course is enclosed <input type="checkbox"/> Please use additional sheets of paper if required to include all relevant education and training. You can arrange for the institution to forward evidence to the Board directly – please advise if this is the case.

## Registration outside New Zealand and/or membership of Dietetic Associations

I am / am not (*delete one*) registered with a registration authority outside New Zealand.

Applicants who have dietetic qualifications gained in countries other than New Zealand must provide a **certified** Certificate or letter of Good Standing from the registration authority. The Certificate must be dated, signed and not more than six months old, and address the following questions:

Is the applicant the subject of any disciplinary proceedings?

Is the applicant under investigation?

Is the applicant subject to any orders of a professional disciplinary tribunal?

*Note: In countries where there is no registration body, a Certificate of Good Standing from the **professional Dietetic association** must be supplied. Please also provide a copy of your Annual Practising Certificate or Licence.*

- Certified** Certificate of Good Standing enclosed
- Certified** copy of your Annual Practising Certificate or Licence
- Certified** evidence of membership of your local Dietetic Association

**If you cannot supply these documents, you must discuss this with the Registrar BEFORE sending in your application.**

Have you been registered with any other health occupational registration authority?      Yes      No      (*circle one*)

If yes, which authority and when?

## Certification and Translation of Documents

**Please note:**

All documents which are not in English, must be accompanied by an official **English translation**  
**and**

All documents supporting your application must be the original, **or** correctly certified copies of the original.

*(A **certified copy** is a direct copy (photocopy) of an original document certified by an official with the necessary legal power: a Justice of the Peace, solicitor, or Notary Public only (not Police or Post Office or others). The official must sign with his/her name, position **and** an official seal or stamp to show the certifier is genuine, clearly visible beneath the signature). NB: Documentation that is not correctly certified as above, will not be accepted.*

## Two References of your character and fitness (See Referee Form attached)

Please state below the details of two referees who have known you for more than 12 months and who are not close relatives. At least one referee should be a PRESENT OR PAST EMPLOYER. Please copy the attached form to your referees and arrange for them to forward their references directly to the Board. NB: At least one of the references should be on the appropriate letterhead paper.

Please note that the applicant is expected to ensure the referees send their references direct to the Board at:

The Registrar  
PO Box 9644  
Wellington 6141  
New Zealand

Without these your application cannot proceed.

(NB: The references may be **scanned and emailed to initiate the assessment process**, but the **originals must also be posted**)

(i) First referee's name:

Address:

Email contact:

Telephone/Fax numbers:

(ii) Second referee's name:

Address:

Email contact:

Telephone/Fax numbers:



## 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 the following 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, close friend, partner or flatmate)*



## References of Character and Fitness

*Detach this page, copy and give to your referees. The referees must send their references direct to the Dietitians Board. A faxed copy must be followed by the original being posted immediately to the Board.*

## Referee Requirements

Only supply a reference if:

1. You are not a close friend or relative of the applicant
2. You have known the applicant for at least 1 year
3. 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.

This information sheet is provided to assist people preparing references for applicants for Recognition of Dietetic Qualification 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 applicant's 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 dietetics; the law specifies a number of fitness criteria:
  - able to communicate effectively for the purposes 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 3 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.

*Please make sure that the name of the person for whom you are providing a reference is clearly stated on the reference and that it is submitted on the letterhead of your organisation. Use of the referee template form is usually helpful.*

The Dietitians Board thanks you for your time in reading this information and preparing a frank reference. Please send the **signed** reference **directly** to:

**Dietitians Board**  
**PO Box 9644**  
**Wellington 6141**  
**NEW ZEALAND**

Telephone: +64 4 474 0746  
Facsimile +64 4 474 0709

## Applicant Information - Documentation Required - Checklist For Applicants

Applicants must ensure they include the following documentation with their application:

- |    |   |  |
|----|---|--|
| 1. | Correctly <u>certified</u> copy of your <b>birth certificate or passport</b> and, evidence of name change, that is, your marriage certificate or other evidence.  | <input type="checkbox"/>   |
| 2. | If English is not your first language, positive results from an approved <b>English language</b> examination (IELTS or OET), gained within the last year ( <i>please refer to page 3</i> ).   | <input type="checkbox"/>   |
| 3. | Criminal convictions/police reports for countries in which you have lived since age 17 (issued within the last 12 months of the date of this application) OR certified copy of a current work, student or resident visa issued by the New Zealand Government within the last 12 months of the date of this application.   | <input type="checkbox"/>   |
| 4. | Details and evidence of your dietetic qualifications, training and examinations passed, including: <ul style="list-style-type: none"> <li>➤ A detailed and certified <b>official Academic Transcript</b> of your <b>dietetic degree, other degrees and/or diploma certificates</b>;</li> <li>➤ <b>Full information</b> on your under-graduate pre-requisite, postgraduate dietetic training and any other relevant degrees and courses, giving the subjects taken, credits and marks obtained;</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/>                             |
|    | <i>Please ensure that the TOTAL hours are also listed for each subject – including the lecture (including tutorial) and practical hours. Include information on your <b>Placement/Internship</b>; it is n your interests to provide as much detail as possible.</i>   |  |
| 5. | Proof of <b>registration and licensing/certification</b> , which should include: <ul style="list-style-type: none"> <li>➤ A <b>Certificate of Good Standing</b> from your National or State registration/licensure body;</li> <li>➤ A copy of <b>annual practising certificate/licence</b>, and/or registration details;</li> <li>➤ <u>And</u> evidence of membership of your local <b>Dietetic Association</b>, where held.</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

**Please contact the Registrar before sending in the application, if you cannot supply any of the information above.**

- |    |   |                          |
|----|---|--------------------------|
| 6. | Your detailed <b>Curriculum Vitae</b> or résumé.  | <input type="checkbox"/> |
| 7. | Names, addresses, contact telephone numbers and fax numbers of <b>two referees</b> . At least one referee should be someone with whom you have worked - A PRESENT OR PAST EMPLOYER.<br>Please arrange for the referees to forward their references <b>directly to the Board</b> .<br><b>Please note:</b> the registration process cannot be started until both references have been received. | <input type="checkbox"/> |
| 8. | The completed <b>Application Form for Recognition of Dietetic Qualification</b> , including the Declaration, signed and witnessed.  | <input type="checkbox"/> |
| 9. | The completed <b>fee payment</b> .  | <input type="checkbox"/> |

Please **courier** the package to: **The Dietitians Board, Level 5, 22 Willeston Street, Wellington 6141, New Zealand**

**OR post** everything to: **The Dietitians Board, PO Box 9644, Wellington 6141, New Zealand**

A reminder

**All documents which are not in English must be accompanied by an official English translation and all documents supporting your application must be the original, or certified copies of the original\*.**

A certified copy is a direct copy (photocopy) of an original document certified by an official with the necessary legal power: a Justice of the Peace, Solicitor or Notary Public only (**not** the Post Office or Police or others). The official must sign with his/her name position and official seal or stamp to show the certifier is genuine, clearly visible beneath the signature.