



New Zealand Dietitians Board
Te Mana Mātanga Mātai Kai

Restoration of name to Register

This form is for practitioners who have previously been on the Register, and whose registration has been cancelled under section 144 (3) or (5) of the Health Practitioners Competence Assurance Act 2003.

Note: It is illegal to call yourself a Dietitian or to practise as a Dietitian in New Zealand if you are not registered with the Dietitians Board and do not hold a current annual practising certificate.

All applications for Restoration of name of Register must include:

1. This **application form**,
2. A **certified copy of photo ID**, either a passport or driver license, and
3. A completed **Criminal Conviction Check** third party request form

A partially completed *Request for criminal conviction history by a third party* form is available on the Dietitians Board website.

Your application requires you to complete a declaration, witnessed by a person authorised to take statutory declaration.

NOTE: Persons authorised to take a statutory declaration in New Zealand include a barrister or solicitor of the High Court, a Justice of the Peace, a Notary Public, or a Member of Parliament.

I (*full name*) (*Registration number*)

apply to be restored to the Register of Dietitians.

Personal Details

Title: Miss / Ms / Mrs / Mr / Dr / Mx (*circle one*)

Gender: Female / Male / Not specified (*circle one*)

Preferred name:

First name:

Middle name/s:

Family name:

Previous name/s (*if applicable*):

Date changed (*please attach evidence of former name/s*):

Date of birth:

Ethnicity:

Primary contact phone number:

Secondary contact phone number:

Primary email address:

Secondary email address:

Postal address:

.....

City: Postcode:

Mailing address:

.....

City: Postcode:

Workplace:

Workplace address:

.....

City: Postcode:

Declaration

I,
 (Full name)
 of at
 (Place of abode) (Occupation)

Solemnly and sincerely declare that:

1. To the best of my knowledge, I meet the requirements of section 16 of the Health Practitioners Competence Assurance Act, in that I am fit for registration. In particular:
 - a) I am able to communicate effectively for the purposes of practising within the scope of practice in which I seek registration True False

 - (b) I am able to communicate in and comprehend English to a standard sufficient to protect the health and safety of the public True False

 - (c) I have no convictions in any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer True False
 (if false, please provide details of the offence, the duration of the sentence, the time that has elapsed since the conviction, and any other information you consider the Board should know about the conviction)

 - (d) I have no mental or physical condition that may mean I am unable to perform the functions required for the practice of the profession True False
 (if false, please provide details of the mental or physical condition, and letter from a registered medical practitioner dated not more than one month prior to the date of your application for registration, which outlines your relevant medical history, treatment plan, prognosis, and the medical practitioner's opinion on your fitness to practise your profession.)

 - (e) There are no professional disciplinary proceedings against me in New Zealand or in another country True False

 - (f) I am not under investigation, in New Zealand or any other country, in respect of any matter that may be the subject of professional disciplinary proceedings True False

 - (g) I am not subject to an order of a professional disciplinary tribunal, in New Zealand or anywhere else, or to an order of an educational institution, or to an order of an authority or similar body True False

2. All of the information provided with this application is true and correct in every particular and detail.
3. I will provide the Dietitians Board with any such further information as it may require in order to complete the process of restoration of my name to the Register of Dietitians.
4. I know of no information that could cause the Dietitians Board not to be satisfied that I am a fit and competent person to hold a practising certificate.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the *Oaths and Declarations Act 1957*.

Signature of declarant:

Declared at: (time) on this (date) day of (month) 20..... (year)

Before me:

(A person authorised to take statutory declaration)

(Section 172 of the Health Practitioners Competence Assurance Act 2003 provides for a fine not exceeding \$10,000 and penalties for a person who knowingly makes a false declaration or representation to the Board).

Payment

Fee for restoration to the Register: \$150.00 incl GST

Internet Banking

I have paid by internet banking on (date):

My reference was (please use your full name):

Bank Account number: 03-0502-0254-940-000

OR

Credit Card

Please debit my *(please tick one)*

MasterCard

Visa

the sum of NZ\$

Card number: _ _ _ _ _ _ _ _ _ _

Expiry date (Month/ Year):

Cardholder's name:

Cardholder's signature:

Included Documents

Use the **checklist** below to ensure you have included all the required information for your Return to Practice Request:

Completed application form

Completed request for Criminal Conviction History form

Payment

Certified copy of photo ID (passport or driver license)

Please post this application to:

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

Or courier to:

**The Registrar
Dietitians Board
Level 5
22 Willeston Street
Wellington 6041
New Zealand**

If you have any questions, please contact the Board:

Phone: (+64) 4 474 0746

Email: administration@dietitiansboard.org.nz