



New Zealand Dietitians Board
Te Mana Mātanga Mātai Kai

Cancellation of Entry on Register

Applicant Name:

Application Information

To cancel your registration under section 142 of the Health Practitioners Competence Assurance Act 2003 you are required to complete this declaration and return the **original signed copy** to the Board's office. Scans/emails/faxes will **not** be accepted.

Before completing this application form, please read the following documents to ensure you understand your requirements as a Registered Dietitian in New Zealand under the [Health Practitioners Competence Assurance Act 2003](#) (HPCA Act):

- [Registered Health Practitioners: Dietitian](#)
- [Return to Practice](#)
- [Removal from Dietitians Board Register Process](#)

Please Note:

"Dietitian" is a protected term under the HPCA Act.

Once removed from the Dietitians Register, a person may not use the title of "dietitian", be known as a dietitian, refer to themselves as a dietitian, or portray themselves as one if they are not registered with the Dietitians Board or hold a current Annual Practising Certificate (APC).

Individuals who were once on the Register and are now no longer, may refer to the title of their qualification and the institution that conferred it.

If a person wishes to use the title of "dietitian" or seeks to return to work in the role of a dietitian, they will be required to meet the Boards [Return to Practice](#) requirements.

Please Note: Your application cannot be completed and Cancellation of Entry on Register granted until:

- **The secretariat has received the completed application form, and**
- **The applicant has met their obligations at the time they made their declaration**

If you have any questions, please contact the Registration Officer at administration@dietitiansboard.org.nz.

Send to:

Postal Address:

The Registrar
 Dietitians Board
 PO Box 9644
 WELLINGTON 6141
 New Zealand

Courier Address:

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

A. Personal Details	
Title: Miss / Ms / Mrs / Mr / Dr / Mx (circle)	Gender: Female / Male / Not specified (circle)
Preferred name:	
First name:	Middle name/s:
Surname:	Former Surname (if applicable):
Registration Number:	Date of Birth:

B. Contact Details	
Main phone number:	Secondary phone number:
Preferred email address:	
Other email address:	
Please complete the following address details. Under the HPCA Act you are required to provide the Board with a current postal and residential address and work address (if known). Either your residential or alternative address can be your mailing address; please tick the appropriate box.	
Residential Address Mailing <input type="checkbox"/>	Alternative Address Mailing <input type="checkbox"/>
Suburb:	Suburb:
Post code:	Post code:
Country:	Country:

C. Workplace Details	
Workplace you last practiced dietetics:	
Address:	
Suburb:	Post code:

D. Request for Cancellation
I, _____ (full name), hereby request that the Dietitians Board cancel the entry relating to me on the Register of Dietitians ('the Register').

E. Compulsory Questions

Please answer all the following questions and where necessary provide relevant information. You may be required to provide additional information depending on your response to the following questions. If so, please enclose the specific information required.

Registration Status	I am currently: Registered: Practising – Practitioner is legally entitled to practice (holds a current Annual Practising Certificate – APC)	<input type="checkbox"/>
	Registered: Non-Practising – Practitioner does not hold a current APC and therefore is not practising – made a non-practising declaration for the current year	<input type="checkbox"/>
	Registered: Pending APC – New Registrant – awaiting issue of an APC before being able to practice	<input type="checkbox"/>
	Registered: In default – Practitioner has not made a declaration for the current practising year and is in default of fees	<input type="checkbox"/>
Police Investigation	I am not aware of any police investigation (include traffic offences involving alcohol or drugs) pending or proceeding against me in New Zealand or elsewhere.	<input type="checkbox"/>
Convictions	I have not been convicted of any criminal offence punishable by imprisonment for a term of 3 months or longer (include traffic offences involving alcohol or drugs) in New Zealand or overseas.	<input type="checkbox"/>
Risk Declaration	I am not aware of any existing circumstances which involve a risk that I may have harmed the health and safety of members of the public while I practised as a dietitian.	<input type="checkbox"/>
Continuing Professional Development	I understand, as declared in my annual declaration, I must meet the minimum requirements of the Dietitians Board MyCCP and complete CPD logs for the period of time I held an APC during this practising year prior to removal from the Register.	<input type="checkbox"/>
Professional Misconduct	I understand that cancellation on the entry on the Register, does not affect my liability for acts or defaults occurring before the date of cancellation.	<input type="checkbox"/>
	I am not subject to investigation in New Zealand or elsewhere, relating to any matter that may result in professional disciplinary proceedings.	<input type="checkbox"/>
	I am not subject to a formal competence review (or similar process) or a restriction on your practice based on your clinical performance.	<input type="checkbox"/>
	I have not been subject to an adverse finding in any disciplinary action in New Zealand or elsewhere. (This includes issues raised with the Health and Disability Commissioner's Office in New Zealand or any regulatory authority in another country.)	<input type="checkbox"/>
	I have not been subject to a condition imposed or an order made against you by a regulatory authority or similar body.	<input type="checkbox"/>
	I have not had any registration I have held, in any country, be suspended, withdrawn, revoked, cancelled and/or removed for any reason.	<input type="checkbox"/>
	I have not had my employment as a dietitian terminated on the grounds of misconduct or for reasons related to competence.	<input type="checkbox"/>

Use of title 'dietitian'	<i>I understand that after my name has been cancelled from the Register, I cannot use the title of 'dietitian', and that if I wish my name to be restored to the Register in the future, I have to submit a new application for registration.</i>	<input type="checkbox"/>
Return to Practice	<i>I understand should I wish to return to dietetic practice, I must be registered and hold a current Annual Practising Certificate (APC) issued by the Dietitians Board of New Zealand before I can practise as a dietitian.</i>	<input type="checkbox"/>
	<i>I am aware of the annual Continuing Professional Development (CPD) requirements outlined by the Board and that proof of my participation, at all times I have held an APC previously, is required for me to return to practice.</i>	<input type="checkbox"/>

F. Statutory Declaration

If your statutory declaration is made in New Zealand, it must be made before a person entitled under the Oaths and Declarations Act 1957 to take statutory declarations e.g. a person enrolled as a Barrister and Solicitor of the High Court of New Zealand, Justice of the Peace, Notary Public, New Zealand Court Registrar or some other person authorised to administer an oath (see section 9 of Oaths and Declarations Act 1957.) If the declaration is made overseas, please see section 11 of Oaths and Declarations Act 1957.

Do not complete this statutory declaration until you are with the official.

Note: Official must be someone entitled to take a Statutory Declaration under the New Zealand Oaths and Declarations Act 1957.

Your statutory declaration must be dated no earlier than three months from when we receive your application.

Name of person making declaration (use the name you supplied in Section A on page 2 of the Application Form).

Note: If you are completing this statutory declaration in New Zealand you cannot use names, words, titles, initials, abbreviations, or descriptions stating or implying that you are a Dietitian in New Zealand.

If you do not have a current occupation you may write unemployed. You can only use titles you are legally allowed to use.

Full name of applicant:

I,

Address of applicant:

Of,

Occupation of applicant (see note above):

solemnly and sincerely declare that:

I am the person who is applying for cancellation of entry on Register under the Health Practitioners Competence Assurance Act 2003.

I am the person named on this application. All information I have given in relation to this application is true and complete and all information that I may provide in relation to this application will be true and complete.

I have maintained and will continue to maintain the confidentiality of any persons/organisations referred to in the information provided.

I will notify the Board if any information provided within my application changes during the application process.

I understand the Dietitians Board of New Zealand may obtain further information for the purpose of processing this application or verifying information provided in relation to this application. I consent to the collection of such information by the Board or its agents. I understand although the provision of any information by me is voluntary, if I refuse to provide any information this may affect the Board's consideration of my application.

I understand should I wish to return to dietetic practice, I must be registered and hold a current Annual Practising Certificate (APC) issued by the Dietitians Board of New Zealand before I can practise as a dietitian. I am aware of the annual Continuing Professional Development (CPD) requirements outlined by the Board and that proof of my participation, at all times I have held an APC previously, is required for me to return to practice.

I understand that knowingly making a false or misleading declaration concerning my application for registration is an offence under section 172 of the Health Practitioners Competence Assurance Act 2003.

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 applicant:

Declared at (location):

This: _____ day of: _____ year: _____

Before me (Person authorised to take a statutory declaration):

Full name of authorised person:

Signature of authorised person:

Title of authorised person (State the authority under which you are entitled to take a Statutory Declaration e.g. Solicitor of the High Court of New Zealand or Notary Public.

Full postal address of authorised person:

Phone number of authorised person (including country and area code):

Official seal (if applicable):

Please ensure the information you supply to the Board is correct and true.

G. Application Guidance Notes

Privacy Statement

What information do we collect?

The Dietitians Board ('the Board') collects personal information about you when processing your application for cancellation of entry on Register under the Health Practitioners Competence Assurance Act 2003 (the Act). The personal information the Board may collect includes:

- information for the purpose of establishing your identity
- contact information
- information relating to any pending criminal or disciplinary proceedings against a practitioner

Why do we collect personal information?

The information the Board collects helps to establish your identity and determine that it is you requesting for the entry to be cancelled on the dietitians Register. The Board may use the information to perform their functions under the Act and for other lawful purposes.

The Board collect personal information directly from you and may collect information from other sources, including educational, regulatory, and law enforcement agencies. If the information the Board requires is not provided, the Board may be unable to process your application.

How is your privacy protected?

All relevant information about you is collected and is held by the Board. Should an individual cease to be registered, their information will be stored electronically in a secure database and any hard copy file will be held in a secure storage facility. You have the right to have access to any personal information the Board holds about you, and to ask for it to be corrected if you think it is wrong. If you'd like to have access to your personal information, or to have it corrected, please submit a written request/ notice to the Registrar, citing the Privacy Act 1993. You can contact the Board via email at administration@dietitiansboard.org.nz, or write to our Registrar at The Registrar, Dietitians Board, PO Box 9644, Wellington 6141, New Zealand.

The above statement is written in accordance with our [Privacy Policy](#)¹.

H. Application Checklist

Please check that you have answered all the compulsory questions and ensure that this application is complete and accurate. If any information is missing then the application will not be processed and we will contact you.

Tick to indicate you have included the following items:

- Completed Statutory Declaration in the presence of an official
- Provided updated contact details, including phone, email, and mailing address
- Completed annual Continuing Professional Development (CPD) requirements via your Practitioner Portal

¹ Last updated October 2016