



New Zealand Dietitians Board
Te Mana Mātanga Mātai Kai

Overseas Trained Dietitian Application for Registration

Application Information

Applicant Name:

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](#)
- [How to Practise dietetics legally in New Zealand](#)
- [Professional Standards and Competencies for Dietitians](#)
- [Code of Ethics and Conduct](#)
- [Information for New Zealand Graduating Students](#)
- [Deadlines of registration/ first APC : NZ Graduates](#)
- [Registered Practitioners: Requirement to hold Annual Practising Certificate](#)

Please Note:

In order to lawfully call yourself a dietitian and practise as a dietitian in New Zealand, you must:

- Be registered with the Dietitians Board, **and**
- Hold a current Annual Practising Certificate (APC).

An **Annual Practising Certificate** is applied and paid for separately after you have been granted Registration. If you are working within the [Scope of Practice: Dietitian](#), you must hold an Annual Practising Certificate.

For information relating to areas that dietitians work, please read about [How is "practice" defined?](#)

Registration Application fee: \$300

Required Documents

PLEASE DO NOT USE STAPLES WHEN COLLATING DOCUMENTS

You will need to include the following in this Registration application:

Certified copy of Visa (if applicable)	Job description (if applicable)
Evidence of name change, for example a marriage certificate (if applicable)	Contact details of one referee
Completed Ministry of Justice request form for criminal conviction history check with New Zealand	Fee Payment details

See **Section G** of the application form for more information regarding certified documents and criminal history checks for countries other than New Zealand.

Contacting the Dietitians Board

Please Note: Your application cannot be completed and Registration cannot be granted until the Board receives **all** the required documents.

The Board's Secretariat will be in contact with you when **all** documents have been received. If you have any questions, please contact the Registration Officer at administration@dietitiansboard.org.nz.

Send your application 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

PLEASE WRITE CLEARLY USING CAPITALISED LETTERS**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):

Ethnicity:

Date of Birth:

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 at all times 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"/>	Workplace Address (if known)
		Workplace Name:
		Address:
Suburb:	Suburb:	Suburb:
Post code:	Post code:	Post code:
Country:	Country:	Country:

B. Right to Work in New Zealand

I:

am a **New Zealand** citizen

am an **Australian** citizen

have a **valid work visa***

* If you have a work visa, please include a certified copy of your work visa to this application.

Have you been offered a dietetic position in New Zealand: Yes / No

If **yes**, please provide more information and attach a job description:

C. Recognition of Overseas Qualification

Date advised Recognition of Overseas Qualification application was accepted:

Date advised of successful completion of Dietitians Board Registration Examination (OSCE):

D. English Language Requirements

English is my first language: Y / N

If **no**, please complete the below.

I completed the:

- International English Language Testing System (IELTS)
- Occupational English Test

Date exam taken:

Evidence submitted to the Board on:

Please refer to the Dietitians Board Policy on [English Language Requirements](#).**E. Character and Fitness Reference**

The Board requires one character reference. Your reference must come from someone who has known you for more than 12 months and is not a close relative.

Your chosen reference person must be someone who is in a position of responsibility and is a professionally qualified person such as a registered health practitioner, lawyer, engineer, school teacher, police officer or a person of similar standing.

Please note: The applicant is expected to ensure the letter of reference is **sent directly to the Dietitians Board from the referee**. Without this your application cannot proceed.

See **Section J** for a detachable sheet to be provided to your chosen reference.

Name of Referee:

Contact Number:

Email Address:

F. Payment Details

The cost of the Overseas Trained Dietitian Registration Application is **\$300**.

You can pay either by direct bank transfer (via internet banking) or by providing your credit/ debit card details.

Internet banking

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

I have paid by Internet Banking on (date):

My reference was (please use your full name):

OR

Credit/ Debit Credit Card

VISA / MasterCard (please circle)

Card Number: _ _ _ _ _ _ _ _ _ _

Expiry Date (Month/ Year):

Amount:

Card Holders Name:

Signature:

G. Application Checklist

PLEASE DO NOT USE STAPLES WHEN COLLATING YOUR DOCUMENTS

Before you complete the following declaration, please ensure that you have prepared and/or included the following items.

Please ensure that you have answered all the compulsory questions within the declaration, in Section H, and that the 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:

- Certified** copy of Visa (if applicable)
- Evidence of name change, for example a marriage certificate (if applicable)
- Completed request form for criminal conviction history check with New Zealand
- Contact details of one referee
- Job description (if applicable)
- Fee Payment details
- Included extra information per **Section H: Compulsory Questions**

Please remember to provide the final page of this document to your referee.

Please note: Certified documents must be within 6 months of the date the Board receives the document as part of an application.

* Please refer to the Dietitians Board Policy on [Criminal Convictions/ Police Reports](#). Criminal conviction history checks are required for all countries in which you have lived for 12 months or more since age 17 and must be issued within 12 months of the date of this application.

H. Compulsory Questions

In order to protect the health and safety of the New Zealand public the Board must establish that you are fit for registration. 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.

Communication	<p>Are you able to communicate effectively for the purposes of practising within the scope of practice in which you seek registration?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you able to communicate in and comprehend English to a standard sufficient to protect the health and safety of the public?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Physical and Mental Fitness	<p>Do you suffer (or have you ever suffered) from any mental or physical condition that may impair your ability to perform the functions required to practise as a dietitian? This might include, for example, epilepsy, dyslexia, an infectious disease or a condition, or alcohol or drug use if these conditions may impair your ability to practise as a dietitian.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes provide:</p> <ul style="list-style-type: none"> • A signed statement giving details of your condition or impairment, including duration and treatment of your condition or impairment; your insight and understanding of your health condition and its triggers; details of strategies utilised; and your management plan for your future practise as a dietitian; and • A recent supporting letter signed by your current treating practitioner confirming the details of your management, any medication you are currently taking, and including comment on whether or not they believe that your condition or impairment does not currently, or will not in the future, impair your ability to perform the functions required for the practise as a dietitian.
Police Investigation	<p>Are you aware of any police investigation (include traffic offences involving alcohol or drugs) pending or proceeding against you in New Zealand or elsewhere?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes provide:</p> <ul style="list-style-type: none"> • a signed reflective statement describing the incident(s); and • a character reference posted directly to the Board by a referee who has knowledge of the incident/offending; and • a certified copy of each of the relevant reports, summons, findings, decisions and orders.
Convictions	<p>Have you ever 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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes provide:</p> <ul style="list-style-type: none"> • a signed reflective statement describing the incident(s); and • a character reference posted directly to the Board by a referee who has knowledge of the incident/offending.
Educational Record	<p>Have you ever been or are you currently subject to any investigation by an educational institution in New Zealand or elsewhere?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes provide:</p> <ul style="list-style-type: none"> • a signed reflective statement describing the circumstances; and • a character reference posted directly to the Board by a referee who has full knowledge of the circumstances; and • a certified copy of each of the relevant reports, findings, decisions and orders.

Risk Declaration	<p>Are you aware of any existing circumstances which involve a risk that you may harm the health and safety of members of the public if you practise as a dietitian?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes provide:</p> <ul style="list-style-type: none"> • A signed reflective statement detailing your insight and understanding of the risk factor(s) and the triggers, details of strategies utilised and your management plan for your future practice as a dietitian.
Professional misconduct	<p>Have you ever been the subject of, or are you currently subject to:</p> <p>Any investigation in New Zealand or elsewhere, relating to any matter that may result in professional disciplinary proceedings?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A formal competence review (or similar process) or a restriction on your practice based on your clinical performance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you now or have you ever 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.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you now or have you ever been subject to a condition imposed or an order made against you by a regulatory authority or similar body?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has any registration you have held, in any country, been suspended, withdrawn, revoked, cancelled and/or removed for any reason?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had your employment as a dietitian terminated on the grounds of misconduct or for reasons related to competence?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes to any of the previous six questions, provide:</p> <ul style="list-style-type: none"> • A signed reflective statement describing the incident(s); and • A character reference posted directly to the Board by a referee who has knowledge of the incident/offending; and • A certified copy of each of the relevant reports, findings, decisions, orders and any conditions or endorsements on registration certificates.
Obligations as a Registered Dietitian in New Zealand	<p>I understand, to lawfully call myself a dietitian and practise as a dietitian in New Zealand, I must:</p> <ul style="list-style-type: none"> • Be registered with the Dietitians Board, <u>and</u> • Hold a current Annual Practising Certificate (APC). <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I understand that in being accepted on to the Register, I am required to participate in the Board's Continuing Competence Programme.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have read and understand the Scope of Practice: Dietitian.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have read and understand the Professional Standards and Competencies for Dietitians (PSCD).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have read and understand the Code of Ethics and Conduct.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. 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 when we receive your application.

Name of person making declaration (use the name you supplied in Section A 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 registration to practise as a dietitian in New Zealand under the Health Practitioners Competence Assurance Act 2003.

I am the person named in all submitted documents with 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 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 Continuing Professional Development (CPD) requirements outlined by the Board and that proof of my participation is required for APC renewal.

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):

Penalty for wrongfully procuring registration:

Please ensure the information you supply to the Board is correct and true. If it is subsequently shown that you have obtained registration fraudulently, your entry in the register will be cancelled and you will be unable to lawfully practise in New Zealand. You may face imprisonment for dishonesty and/or a fine of \$10,000 if convicted.

Notes to person authorised to take statutory declaration:

There should be accompanying documents to this application form in the form of copies of documents that also require certification.

Please go through the CHECKLIST with the applicant and establish whether accompanying documents are certified copies, and if not, please assist by certifying the accompanying documents as true copies of the original documents and include the following details on each page of the documents:

- Your name/ stamp;
- Contact details in the form of a full postal address and phone number;
- The following statement (or equivalent);
 - "I hereby certify that this is a true copy of the original document which I have sighted."
- Your signature/ initials.

Please detach this information sheet and provide it to your referee. Without this reference your application cannot proceed.

You do not need to include this information sheet when sending your completed application to the Board, as it should be provided to your chosen reference person.

Your referee must send their reference directly to the Board.

J. Reference of Character and Fitness

This information sheet is provided to assist people preparing a 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 applicant's character, i.e. is the applicant an honest and trustworthy person and of good character
- Whether the applicant is a suitable person for registration. The law specifies a number of fitness criteria, the applicant must:
 - Be able to communicate effectively for the purpose of practising
 - Be able to communicate in, and comprehend, English sufficiently to protect the health and safety of the public
 - Not have 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 be the 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 more than 12 months
- You are in a position of responsibility and are a professionally qualified person such as a dietetic supervisor, doctor, other health professional, lawyer, engineer, 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:

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

Alternatively, you can email a scanned copy direct to the Board from a personal or work email address. Please email a scanned, signed copy of your reference letter to: administration@dietitiansboard.org.nz.