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| For Office Use<br>Reference<br>Number: |
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# CHECKLIST FOR APPLICANTS

**2**

**Your application pack will include the following forms:**

| Form Number | Form Title                                       |
|-------------|--|
| 1           | Guide for Registration as a Nurse in New Zealand |
| 2           | Checklist for Applicants                         |
| 3           | Application Form                                 |
| 4           | Fees Form  |
| 5           | Verification Request Form                        |
| 6           | Transcript Request Form                          |
| 7           | Authority Form                                   |
| 8           | Professional References ( <b>2 forms</b> )       |
| 9           | Character Reference ( <b>1 form</b> )            |

**Please note the following must be sent together. If the application form, payment and the other documents listed below are not ALL included, then your application will be returned to you.**

|  |   |
|--|---|
|  | ✓ |
| Application form   |   |
| Fees payment   |   |
| Curriculum vitae   |   |
| Certified copy of passport   |   |
| Certified copy of marriage certificate or evidence of change of name (if applicable)               |   |
| Original police certificate  |   |
| Certified copy of your registration certificate (UK applicants – this is the ‘Statement of Entry’) |   |
| Authority form (if applicable)   |   |
| <b>Two</b> professional references   |   |
| <b>One</b> character reference   |   |
| Employment letter - with dates and total hours worked as a registered nurse                        |   |
| <b>Original</b> IELTS or OET English language test results which meet the Council requirements     |   |

**Please note the following two documents must be sent directly to the Nursing Council by the Regulatory Authority, and the Nursing School where you qualified.**

|   |
|---|
| Verification of registration (this is also confirmation of your ‘good standing’ as a nurse) |
| Transcript form (the actual transcript and course outline of your programme)                |

**Is your application complete?**



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# APPLICATION FORM

3

## SECTION A

Please note that the name used on this form must be your legal name. This will be the name that appears on all future correspondence with the Council.

|  |   |                               |                                 |
|--|---|-------------------------------|---------------------------------|
| Surname/last name/family name  | <input type="text"/>  |                               |                                 |
| Given names  | <input type="text"/>  |                               |                                 |
| Previous name<br><i>(if changed since registration as a nurse)</i>   | <input type="text"/>  |                               |                                 |
| Date of birth  | <input type="text"/> Day / <input type="text"/> month / <input type="text"/> year | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Postal address   | <input type="text"/>  |                               |                                 |
|  | <input type="text"/>  |                               |                                 |
|  | <input type="text"/>  |                               |                                 |
| <b>Postal address for correspondence</b> (if different from above).<br><i>This may be the address of your agent if you have completed <b>Authority Form 7</b>.</i> |   |                               |                                 |
|  | <input type="text"/>  |                               |                                 |
|  | <input type="text"/>  |                               |                                 |
|  | <input type="text"/>  |                               |                                 |
| Email address  | <input type="text"/>  |                               |                                 |

Please indicate the scope of practice in which you are applying for registration. (Note the information on scope of practice and conditions in *Information to register as a nurse in New Zealand – Form 1, Section D*).

What is your overseas nursing registration (for example, Registered General Nurse)?

State the country/jurisdiction and name the regulatory authority where you hold registration as a nurse.

Have you previously applied for registration or been registered as a nurse in New Zealand?

Yes  No

If "Yes" please give registration number

Have you ever been registered as a nurse in Australia?

Yes  No

If "Yes" please indicate which state(s)/territory

**Please summarise your nursing programme(s) in the following table.**

| Qualification obtained | Date completed | Name and address of Schools of Nursing | Length of programmes | Name of registration authority |
|------------------------|----------------|--|----------------------|--------------------------------|
|                        |                |  |                      |                                |
|                        |                |  |                      |                                |
|                        |                |  |                      |                                |
|                        |                |  |                      |                                |

Are you registered with any other New Zealand or overseas regulatory authority other than in nursing (eg, Midwifery Council of New Zealand)?

Yes  No

If so, please name each authority and send them a Verification Request (Form 5).

In accordance with the Privacy Act 1993, the information collected by the Nursing Council of New Zealand is confidential to the Council and is used for the purpose of processing an application for registration and entering details on the register of nurses under the Health Practitioners Competence Assurance Act 2003. The applicant has the right of access to and correction of personal information held by the Nursing Council.

## SECTION B – STATUTORY DECLARATION

### Declaration of Competence and Fitness to Register

Please answer each question relating to your competence and fitness for registration by ticking "YES" or "NO" as appropriate for each question.

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Are you able to communicate effectively in order to practise nursing?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are you able to communicate in, and comprehend English sufficiently to protect the health and safety of the public?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you have a mental or physical condition that means you are unable to practise as a nurse?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are you the subject of an investigation into professional matters, professional disciplinary proceedings, an order or a professional disciplinary tribunal, educational institution or a registration authority in New Zealand or any other country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have you been convicted of any offence against the law in New Zealand or any other country?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Are you aware of any reason why your registration may endanger public health or safety?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I (applicant name) \_\_\_\_\_  
do solemnly and sincerely declare that all the details in respect of my application for registration with the Nursing Council of New Zealand are true and correct. I understand that if information submitted to support my application for registration is found to be false or misleading, my application may be declined and the appropriate authorities notified.\*

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

\* Every person who commits an offence and is liable on summary conviction to a fine not exceeding \$10,000 who makes a false declaration.

|  |                      |      |                      |        |                      |    |                      |
|--|----------------------|------|----------------------|--------|----------------------|----|----------------------|
| Declared at                            | <input type="text"/> | this | <input type="text"/> | day of | <input type="text"/> | 20 | <input type="text"/> |
| and signed by me                       | <input type="text"/> |      |                      |        |                      |    |                      |
| In the presence of:                    | <input type="text"/> |      |                      |        |                      |    |                      |
| Signed by Witness & their Designation: | <input type="text"/> |      |                      |        |                      |    |                      |

|   |      |
|---|------|
| Please complete, sign and date this declaration in the presence of a Court Registrar, Justice of the Peace, Notary Public, Solicitor or any other person authorised to take statutory declarations (please state designation) | seal |
| and affix seal here:  |      |

In accordance with the Privacy Act 1993, the information collected by the Nursing Council of New Zealand is confidential to the Council and is used for the purpose of processing an application for registration and entering details on the register of nurses under the Health Practitioners Competence Assurance Act 2003. The applicant has the right of access to and correction of personal information held by the Nursing Council.





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# VERIFICATION REQUEST

# 5

### INSTRUCTIONS FOR APPLICANT

Please complete Section A of this form, then forward to the relevant overseas authority with which you are currently registered.

### INSTRUCTIONS FOR AUTHORITY

Please complete Section B of this form and then return directly to the Nursing Council of New Zealand, PO Box 9644, Wellington, 6141, New Zealand.

**SECTION A – TO BE COMPLETED BY APPLICANT**

|                       |                      |  |                      |
|-----------------------|----------------------|--|----------------------|
| Surname               | <input type="text"/> | Previous surname (if applicable)                                     | <input type="text"/> |
| First names (in full) | <input type="text"/> | Date of birth (day/month/year)                                       | Day / month / year   |
| Address               | <input type="text"/> | Overseas authority with which registered                             | <input type="text"/> |
|                       | <input type="text"/> | Registration for which verification is sought (eg, Registered Nurse) | <input type="text"/> |

**SECTION B – TO BE COMPLETED BY THE RELEVANT AUTHORITY**

1. Please confirm below which registrations/enrolments the applicant has obtained (name of authority).

| Registration         | Registration Number  | Date of registration |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | Day / month / year   |
| <input type="text"/> | <input type="text"/> | Day / month / Year   |
| <input type="text"/> | <input type="text"/> | Day month Year       |

2. To the best of your knowledge, is the applicant subject to any investigation or disciplinary, civil or criminal proceedings? (Please tick as appropriate.) If yes, please attach details. YES  NO

3. To the best of your knowledge, has the applicant had their registration or enrolment revoked or suspended in any manner or had any special conditions placed on their practice? (Please tick as appropriate.) If yes, please attach details. YES  NO

4. To the best of your knowledge, does the applicant have any mental or physical conditions which mean that they are unable to perform the functions required for the practice of nursing or are there any other factors that would impact on their fitness to practise? (Please tick as appropriate.) If yes, please attach details. YES  NO

5. The applicant has the following qualifications, which led to registration with this authority.

| Qualification        | Educational institute | Date of qualification |
|----------------------|-----------------------|-----------------------|
| <input type="text"/> | <input type="text"/>  | Day / month / year    |
| <input type="text"/> | <input type="text"/>  | Day / month / year    |
| <input type="text"/> | <input type="text"/>  | Day / month / year    |

|                      |                      |                        |
|----------------------|----------------------|------------------------|
| Signature            | <input type="text"/> | Official seal or stamp |
| Name                 | <input type="text"/> |                        |
| Designation          | <input type="text"/> |                        |
| Date                 | Day / month / year   |                        |
| Address of authority | <input type="text"/> |                        |



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# TRANSCRIPT REQUEST FORM

6

Please send this transcript request form to the school of nursing / nursing department where you undertook your nursing programme. Photocopy this form if you are requesting transcripts for more than one programme.

**PART A TO BE COMPLETED BY APPLICANT**

|                           |                      |                           |                      |
|---------------------------|----------------------|---------------------------|----------------------|
| Full name                 | <input type="text"/> |                           |                      |
| Previous name             | <input type="text"/> |                           |                      |
| Date of birth             | Day / month / year   | <input type="text"/>      |                      |
| Postal address            | <input type="text"/> |                           |                      |
| Name of school of nursing | <input type="text"/> |                           |                      |
| Address                   | <input type="text"/> |                           |                      |
| Programme start date      | Day / month / year   | Programme completion date | Day / month / year   |
| Date registered           | Day / month / year   | Qualification title       | <input type="text"/> |
|                           |                      | (eg Bachelor of Nursing)  |                      |

**PART B TO BE COMPLETED BY THE SCHOOL OF NURSING**

*Note to head of department, school of nursing / nursing department: Please attach a transcript of the applicant's nursing programme, signed and dated by the head of school and bearing the official seal of the school or department. The transcript must include all hours of programmes. Each will be assessed in terms of its equivalence to a comparable programme in New Zealand. Transcripts of the nursing course should state the hours of theoretical instruction per subject and the hours of clinical experience in various clinical areas.*

**HAVE YOU INCLUDED A FULL TRANSCRIPT (includes theory and clinical practice)?**

*If the official transcript does not include the hours of theoretical instruction per subject and the hours of clinical experience in various clinical areas, the nursing department should include a supplementary document, clearly identifying this information for any course completed in support of the application.*

**HAVE YOU INCLUDED supplementary information?**

*Where a nursing course has been shortened because of any prior education for which credit has been given, information is required showing the basis for the credit granted. If the nursing department does not provide sufficient information, the applicant may be required to provide documents of the prior education for which credit had been given.*

|                         |  |               |                      |
|-------------------------|--|---------------|----------------------|
| School of Nursing       | <input type="text"/>   |               |                      |
|                         | <i>(eg hospital / technical institute or college / university)</i> |               |                      |
| Programme type          | <input type="text"/>   |               |                      |
|                         | <i>(eg diploma / associate degree / degree / certificate)</i>      |               |                      |
| Language of instruction | <input type="text"/>   |               |                      |
|                         | <i>(English / other – please specify)</i>                          |               |                      |
| Signature               | <input type="text"/>   | Name          | <input type="text"/> |
|                         |  | Position      | <input type="text"/> |
| Date                    | Day / month / year   | Qualification | <input type="text"/> |

Please return to the Nursing Council of New Zealand, PO Box 9644, Wellington, 6141, NEW ZEALAND.



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# AUTHORITY FORM

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**Please complete and return this form to the Nursing Council of New Zealand if you nominate an agent to act as your representative for your application for registration.**

I (*applicant name in full*) \_\_\_\_\_

hereby give authority

for (*Agent*) \_\_\_\_\_

of (*address contact details*) \_\_\_\_\_

\_\_\_\_\_ (NZ Post Code) \_\_\_\_\_

Email address \_\_\_\_\_

to communicate with the Nursing Council of New Zealand on my behalf regarding my application seeking registration in New Zealand.

Please circle if you want correspondence sent to your agent or your home address Agent / Home Address

Signed (*applicant*) \_\_\_\_\_

Printed name in full \_\_\_\_\_

Address of applicant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Day / Month / Year



|                                     |
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# PROFESSIONAL REFERENCE REQUEST

8

Dear Referee

(Applicant name): ..... (date of birth) ..... / ..... / .....  
has applied for registration as a nurse in New Zealand.

The Nursing Council of New Zealand has to satisfy itself under the Health Practitioners Competence Assurance Act 2003 that an applicant is competent and fit to be registered.

To assist the Council, would you kindly write a professional reference on **letterhead** covering the following matters:

- 1) How long and in what circumstances you have known the applicant (you should be a senior nurse or a nursing supervisor of the applicant);
- 2) Your opinion of the character and integrity of the applicant, stating in particular:
  - (a) What reasons relating to character, integrity, reliability and diligence, in your opinion, make the applicant suitable to register as a nurse in New Zealand
  - (b) Whether there are any factors known to you that would or might be against the registration of the applicant in New Zealand, in particular, any professional, competency or fitness to practise issues relating to the applicant's nursing practice; and
- 3) To your knowledge, whether the applicant has ever been convicted of any offence.

Please include your contact details.

It is Nursing Council of New Zealand policy to accept only **original, signed and dated** references.

It would be appreciated if you would please quote the applicant's full name and date of birth. The applicant can include the reference with their application for registration.

Thank you for your assistance.

## Overseas Registrations



|                                     |
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# PROFESSIONAL REFERENCE REQUEST

8

Dear Referee

(Applicant name): ..... (date of birth) ..... / ..... / .....  
has applied for registration as a nurse in New Zealand.

The Nursing Council of New Zealand has to satisfy itself under the Health Practitioners Competence Assurance Act 2003 that an applicant is competent and fit to be registered.

To assist the Council, would you kindly write a professional reference on **letterhead** covering the following matters:

- 1) How long and in what circumstances you have known the applicant (you should be a senior nurse or a nursing supervisor of the applicant);
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  - (a) What reasons relating to character, integrity, reliability and diligence, in your opinion, make the applicant suitable to register as a nurse in New Zealand
  - (b) Whether there are any factors known to you that would or might be against the registration of the applicant in New Zealand, in particular, any professional, competency or fitness to practise issues relating to the applicant's nursing practice; and
- 3) To your knowledge, whether the applicant has ever been convicted of any offence.

Please include your contact details.

It is Nursing Council of New Zealand policy to accept only **original, signed and dated** references.

It would be appreciated if you would please quote the applicant's full name and date of birth. The applicant can include the reference with their application for registration.

Thank you for your assistance.

## Overseas Registrations



|                                     |
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| For Office Use<br>Reference Number: |
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# CHARACTER REFERENCE REQUEST

9

Dear Referee

(Applicant name): ..... (date of birth) ..... / ..... / .....  
has applied for registration as a nurse in New Zealand.

The Nursing Council of New Zealand has to satisfy itself under the Health Practitioners Competence Assurance Act 2003 that an applicant is competent and fit to be registered.

To assist the Council, would you kindly **write** to me on the following matters:

- 1) How long and in what circumstances you have known the applicant (you need to have known the applicant for at least two years);
- 2) Your opinion of the character and integrity of the applicant, stating in particular:
  - (a) What reasons relating to character, integrity, reliability and diligence, in your opinion, make the applicant suitable to register as a nurse in New Zealand
  - (b) Whether there are any factors known to you that would or might be against the registration of the applicant in New Zealand, in particular, any professional, competency or fitness to practise issues relating to the applicant's nursing practice; and
- 3) To your knowledge, whether the applicant has ever been convicted of any offence.

Please include your contact details.

It is Nursing Council of New Zealand policy to accept only **original, signed and dated** references.

It would be appreciated if you would please quote the applicant's full name and date of birth. The applicant can include the reference with their application for registration.

Thank you for your assistance.

## Overseas Registrations