



GUIDE TO REGISTRATION AS A NURSE IN NEW ZEALAND

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A. INTRODUCTION

The following information is for internationally qualified nurses applying for registration with the Nursing Council of New Zealand (the Council) following the introduction of the Health Practitioners Competence Assurance Act 2003 (the Act) on 18 September 2004.

The principal purpose of the Act is to protect the health and safety of members of the public by providing mechanisms to ensure health practitioners are competent and fit to practise their professions.

The Council assesses each application on an individual basis and does not operate a system of reciprocal registration, **except** with Australia.

Nurses registered in Australia

A different registration process under the Trans Tasman Mutual Recognition Act 1997 (TTMR Act) applies if you are registered in Australia.

Please refer to the application forms for TTMR Act applicants.

Midwives

For registration as a midwife, please contact
The Midwifery Council of New Zealand
Level 2
Navigate House
69–71 Boulcott Street
PO Box 24-448
Manners Street
Wellington 6142

B. REGISTRATION REQUIREMENTS

General requirements

The Act requires that nurses must be registered in a scope of practice and applicants for registration must:

- have the prescribed qualifications
- be fit for registration, which includes the ability to communicate in and comprehend English for the purpose of practising nursing
- be competent to practise within their scopes of practice

Please note you must supply evidence of nursing practice hours for the past three years while registered as a nurse. This must be in a written format and verified by your employer.

English language requirements

Acceptable English Language tests: You may do **one** of the following:

- a) pass the International English Language Testing System (IELTS) Academic test with a minimum score of 7.0 for **each** band: reading, listening, writing and speaking. This does not need to be achieved in a single sitting of the IELTS test, but can be gained over a

succession of tests. The total of seven in each band must be achieved within 12 months of first sitting the test

- b) pass the Occupational English Test (OET) with a score of at least B in each section.

Information on the IELTS test can be found at the website: <http://www.ielts.org/>

Information on the OET can be found at the website: <http://www.occupationalenglishtest.org/>

An **original** of the test results must be included with your application. The Council will not accept photocopies or certified photocopies of the test results. The test results must be less than 2 years old.

As from 1 January 2009 **all** internationally qualified nurses, including those from English speaking countries, will be required to complete an English language assessment **prior to** applying for New Zealand nursing registration.

Qualification requirements

Overseas nurses applying for registration must have current registration or enrolment with an overseas regulatory authority **AND**

- an overseas qualification/s and experience to meet the educational standards for nursing in New Zealand
- some applicants must also successfully complete a programme approved by the Council for the purpose of assessing competencies for the scope of practice in which registration is sought.

Competence to practise

Competence will be assessed through:

- your educational equivalence, and/or
- a Council approved competence assessment programme or individualised competence assessment programme.

Competence Assessment Programme

Competence assessment programmes are generally 6–8 weeks long and include both a theoretical and a clinical component.

If you are required to undertake a competence assessment programme, a fee will be charged by the programme provider. This fee is set by the individual education provider and is not payable to the Council.

The list of approved competence assessment providers in New Zealand can be viewed on the Nursing Council website:

[http://www.nursingcouncil.org.nz/Competence Assessment Programmes 21 July 2008.pdf](http://www.nursingcouncil.org.nz/Competence%20Assessment%20Programmes%2021%20July%202008.pdf)

Verification

The Council requires evidence of your overseas nursing registration by verification from the regulatory authority with which you are currently registered. This verification must be sent **directly** from that authority to the Council.

Fitness for registration

You must satisfy the Council that you are fit to practise nursing. You are required to complete a statutory declaration on the application form as to whether or not you:

- are able to communicate in and comprehend English sufficiently to protect the health and safety of the public
- are unable to perform the functions of nursing practice because of some mental or physical condition
- have been convicted by any court in New Zealand or elsewhere of any offence
- are under investigation, or the subject of professional disciplinary or criminal proceedings in New Zealand or another country
- have been declined registration with any other regulatory authority (nursing or other profession) in New Zealand or overseas
- are aware of any reason why your registration may endanger public health or safety.

Each situation above will be considered on a case-by-case basis and you will be given the opportunity to provide further clarification when required.

Police certificate

You are required to provide the **original** of a police certificate, less than six months old when received by the Council, as evidence of whether or not you have any convictions that are punishable by three (3) months imprisonment or more. This must be from the national or federal police force of your country of residence, **not** state or regional police.

Application fee

The total application fee is **NZ \$485.00**. This payment covers the following:

Processing fee (non-refundable)	\$420.00
Publication Fee (non-refundable)	\$15.00
Registration fee	\$50.00
Total	\$485.00

Please note that the \$420 processing fee and the \$15 publication fee are non-refundable, and will not be refunded if your application is withdrawn.

Please do not submit your application, fee and documents until you are able to meet the requirements for registration in New Zealand.

C. APPLICATION PROCESS

The Council will process and assess your application **ONLY** when the application fee has been paid and all required documents have been received.

An application number will be allocated to your application once the fee and application form have been received. This number should be quoted on all subsequent communication with the Council.

D. SCOPES OF PRACTICE

The Council maintains a register of all nurses registered with the Council. Nurses are registered in the following scopes of practice:

- Registered nurse
- Nurse assistant
- Nurse practitioner
(*N.B. Nurses must be registered in the registered nurse scope of practice prior to applying for nurse practitioner status*)

Nurse assistants

Overseas educated second-level nurses will be registered under the Act as nurse assistants.

Conditions may be included in an individual's scope of practice to clarify the practice setting and/or specify any other conditions determined by the Council.

The following table sets out some examples of how overseas nurses' registrations translate to the New Zealand scopes of practice and conditions.

Example of overseas nurse registration	Scope of practice under the Act	Conditions
Registered general nurse	Registered nurse	May practise only in general nursing
Registered mental health nurse	Registered nurse	May practise only in mental health nursing
Registered sick children's nurse (UK)	Registered nurse	May practise only in child health nursing
Registered learning disabilities nurse	Registered nurse	May practise only in settings which provide services for consumers with intellectual disability
Enrolled, registered professional or vocational nurse	Nurse assistant	

1. INFORMATION TO REGISTER AS A NURSE IN NEW ZEALAND – FORM 1

Please read this guide carefully to follow the process of registration.

2. CHECKLIST FOR APPLICANTS – FORM 2

The checklist is to assist you to complete your application.

3. APPLICATION FORM: FORM 3

- Part A – complete all questions and personal details.
- Part B – answer the questions and **sign** the declaration in the presence of a person authorised to take statutory declarations.

4. FEES PAYMENT FORM: FORM 4

Complete the section that is relevant to your payment option.

5. VERIFICATION REQUEST FORM: FORM 6

Complete Part A of this form and send a copy to the nurse regulatory authority in each country or jurisdiction in which you are registered, or in the absence of a regulatory system, to the highest

nursing authority or professional body under which you have practised. These regulatory authorities must complete this form and return it directly to the Council.

6. TRANSCRIPT FORM: FORM 6

- Part A – complete all questions and personal details and return to your school(s) of nursing to complete Part B.
- Part B – your school(s) of nursing must complete and return Part B directly to the Council with a transcript and other relevant documents attached.

7. AUTHORITY FORM: FORM 7

If you wish to give someone else authority to act on your behalf, and allow them to have access to information pertaining to your application, please complete this form, and send it directly to the Council.

8. REFERENCE REQUEST FORMS: FORMS 8 AND 9

The Council requires three references to be provided in support of your application: two professional and one personal reference.

Professional references

- The original of two professional references on letterhead and including the workplace contact details, from the senior nurse at your current place of employment and from a nursing supervisor, to confirm your employment and your ability to deliver safe and effective practice.
- The references need to be signed and dated, the referee should indicate her/his role and must make reference to post registration experience.
- They should also include the contact details of the referee.
- We do not accept references from nursing agencies.

(b) Character references:

- The original of one character reference from a person who has known you for at least two years. The person does not need to be a nurse but must not be a family member.
- The reference needs to be signed and dated and should include the contact details of the referee.

CURRICULUM VITAE (CV)

A curriculum vitae is required that provides a detailed record of all your post registration nursing experience including dates employed, name of employer(s), position(s) held and areas of practice, including actual nursing duties. It should also provide details of your education qualifications.

CERTIFIED DOCUMENTS

Please forward certified copies of the following documents with your application. A certified copy is a photocopy of the original that has been certified as a true copy.

PLEASE NOTE

All copies of documents must be certified as true copies of the originals by a solicitor, justice of the peace, notary public or other person authorised to make a statutory declaration.

- (a) passport
- (b) marriage certificate or evidence of change of name (when applicable)
- (c) nursing registration certificate (**a copy of the statement of entry onto the NMC register is required for UK registered nurses**)

11. APPLICANTS FROM THE PHILIPPINES

Procedure for the authentication of public documents in the Philippines for use in New Zealand.

1. The public document shall be authenticated and notarised by a duly commissioned notary public in the Philippines or any other official duly authorised by law to perform notarial functions.
2. The document certified shall be submitted to the Department of Foreign Affairs for authentication by its Authentication Division.
3. The duly authenticated document shall then be submitted to the Consular Section of the Embassy of New Zealand in the Philippines which shall certify to the authenticity of the signature affixed by the authentication officer of the Department of Foreign Affairs.

Please note that passport needs to only be a certified copy of the photo page of your passport. It does not need be authenticated.



See CHECKLIST – FORM 2 for help in ensuring that you have completed all requirements

E. GENERAL INFORMATION

1. **Applicant files:** Applicant files remain open for a period of 12 months. If all required documentation has not been received, an application will expire. Documents may be destroyed after 18 months.
2. **Retention of information:** If your application is successful, the Council will retain your application and supporting documentation. It is preferable that you do not forward original documents (except when these have been specifically requested), as the Council will not return documents.
3. **Your privacy rights:** In terms of the Privacy Act 1993, information supplied in respect of your registration is confidential to the Council. This information is used for the purpose of processing your application. The applicant has a right of access to and correction of, personal information held by the Council.
4. **Fraudulent or altered documentation:** It is a criminal offence to knowingly make a false declaration of good health and good character, or to make an incorrect or misleading statement about any cautions or convictions.

Every person who commits an offence is liable on summary conviction to a fine not exceeding \$10,000 who makes a declaration or representation that is false or misleading or produces a document knowing it to contain a false declaration, or produces a document knowing it is not genuine.

5. **Photocopies** of documents that are required to be certified must be certified in the manner described on the previous page. Faxed, scanned or e-mailed documents are not acceptable.
6. **All forms and documents** must be completed in English. If a document is in a language other than English, a certified translation of all the detail in the document must be provided, or this will be requested.
7. **After** you have been registered you will need to apply for a **practising certificate**. You must hold a practising certificate before you commence nursing in New Zealand. You need to provide a letter from your recent nursing employer stating that you have completed at least 60 days or 450 hours of nursing practice within the last three years. The fee for a practising certificate is NZ \$96.00 per year. You will be sent information about this **after** you have been formally registered.
8. **Certificates:** The Council issues you a **registration certificate** once your registration has been approved. Your **registration certificate** will state your scope of practice and any conditions that may apply.
9. **Medals:** Internationally qualified nurses may apply for New Zealand nursing medals.
10. **Employment:** The Council does not hold employment information and cannot assist with employment for overseas nurses.
It is strongly advised that you do not set a start date for employment until you are registered and hold a current practising certificate.

11. **Immigration:** Please note that immigration does not come under the jurisdiction of the Council.

You are strongly advised to complete your registration BEFORE you complete your immigration requirements.

- (a) Internationally qualified nurses wishing to practise in New Zealand must meet both registration requirements with the Council **and** immigration requirements with the New Zealand Immigration Service.

- (b) If there is not a New Zealand diplomatic post in your country, please contact Immigration New Zealand, PO Box 3705, Wellington, New Zealand or by phone (if calling from overseas) +64 9 9144100, and (if calling from within New Zealand) 0508558855, or website: www.immigration.govt.nz.
- (c) Residents of the United Kingdom should contact the New Zealand High Commission, New Zealand House, Haymarket, London SW1Y 4TQ with immigration enquiries.

HOW TO CONTACT US

If you have any questions please contact:

Overseas Registrations	Phone: +64 4 385 9589
PO Box 9644	Fax: +64 4 801 8502
Wellington 6141	Email: oseas@nursingcouncil.org.nz
New Zealand	www.nursingcouncil.org.nz



CHECKLIST FOR APPLICANTS

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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 (2 forms)
9	Character Reference (1 form)

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)	
Two professional references	
One character reference	
Employment letter - with dates and total hours worked as a registered nurse	
Original 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?



For Office Use Reference Number:
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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 <i>(if changed since registration as a nurse)</i>	<input type="text"/>		
Date of birth	<input type="text" value="Day"/> / <input type="text" value="month"/> / <input type="text" value="year"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Postal address for correspondence (if different from above). <i>This may be the address of your agent if you have completed Authority Form 7.</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)	<input type="text"/>
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.



For Office Use Reference Number:

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"/>	
	<input type="text"/>	



For Office Use Reference Number:
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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.



For Office Use Reference Number:

AUTHORITY FORM

7

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



For Office Use Reference Number:

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



For Office Use Reference Number:

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



For Office Use Reference Number:

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