English language testing waiver form

This form is for anyone who has previously been a registered nurse in the United Kingdom, United States of America or Canada. By completing this form as part of your application for New Zealand registration, we may be able to waive the English Language testing requirement of your application.

What is your name?
_________________________________________________________________________

What is your application number?
_________________________________________________________________________

What’s your first language?
_________________________________________________________________________

What other languages do you speak?
_________________________________________________________________________

In what language did you complete your nursing qualifications?
_________________________________________________________________________

Where did you complete your nursing qualifications? (Name of institution, city, country)
_________________________________________________________________________

In which country do you hold current registration as a nurse?
_________________________________________________________________________

Have you completed any other qualifications or study of the English language? (e.g. ESL, University courses, night classes, etc.)
_________________________________________________________________________

Is there any other information you have that will help us assess your level of English proficiency? (e.g. evidence of dyslexia, etc.)
_________________________________________________________________________
_________________________________________________________________________

Thank you for this information. Please email this form to ign@nursingcouncil.org.nz

Once we have made a decision on your language proficiency we will let you know via the online tracker. Please check this regularly.