



For Office Use Reference Number:

APPLICATION FORM

Please note the name used on this form must be your legal name. **PLEASE PRINT USING CAPITAL BLOCK LETTERS**

PERSONAL CONTACT DETAILS

Surname/last name/family name	<input style="width: 100%;" type="text"/>		
Given/first names	<input style="width: 100%;" type="text"/>		
Previous name (if applicable)	<input style="width: 100%;" type="text"/>		
Date of birth	Day / month / year	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Postal address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Email address	<input style="width: 100%;" type="text"/>		

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 the authority section below.

AUTHORITY

I hereby give authority for (agent)	<input style="width: 100%;" type="text"/>		
Of (address contact details)	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Email address	<input style="width: 100%;" type="text"/>		

If applicable, do you want all correspondence sent to your agent (please circle) YES NO

FEES (please refer to guide for more information)

A total of **NZ\$485.00** is charged for processing applications for registration as a nurse in New Zealand.

Payments options: (please tick which fee option you have chosen)	Cheque – drawn on a New Zealand bank	<input type="checkbox"/>
	Credit card – details provided below	<input type="checkbox"/>
	International bank draft - drawn on a New Zealand bank	<input type="checkbox"/>

Please attach cheque payments to this form and return with your application form.

VISA OR MASTERCARD PAYMENTS

The Nursing Council accepts payment by Mastercard or Visa. If you wish to pay by Mastercard or Visa, please fill in the details below.

Card number	Expiry date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cardholder's name	
<input style="width: 100%;" type="text"/>	
Cardholder's signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard

Please make sure your credit card number is correct

Please indicate the scope of practice in which you are applying for registration (Note the information on scopes of practice and conditions is in Section B of the *Guide to Registration*).

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.

Name of regulatory authority

Country/jurisdiction

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

Yes

No

If 'Yes' please give reference number

Have you ever been registered as a nurse in Australia?

Yes

No

If 'Yes' please indicate which state(s)/territories

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

Qualification obtained	Date completed	Name and address of school(s) 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 (e.g. Midwifery Council of New Zealand)?

Yes

No

If yes, please name them below.

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 Acts 1957.

* Every person who makes a false declaration commits an offence and is liable on summary conviction to a fine not exceeding \$10,000 by virtue of section 172 of the Health Practitioners Competence Assurance Act 2003.

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"/>						

<p>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)</p> <p>and affix seal here:</p>	<p>seal</p>
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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.



PROFESSIONAL REFERENCE REQUEST

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 *and attach this form to your letter*. The applicant must include the reference with their application for registration.

Thank you for your assistance.

Overseas Registrations



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Overseas Registrations



CHARACTER REFERENCE REQUEST

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 the Council 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 *and attach this form to your letter*. The applicant must include the reference with their application for registration.

Thank you for your assistance.

Overseas Registrations

CHECKLIST FOR APPLICANTS

Please note the following documents for Stage One 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.

Stage One of the application for registration	✓
Application form	
Two professional references	
One character reference	
Certified copy of the IELTS (Academic Test) or OET English language test results which meets the Council requirements	
Curriculum vitae	
Certified copy of passport	
Original police certificate	
Certified copy of your registration certificate	
Certified copy of marriage certificate or evidence of change of name (if applicable)	
Employment letter with the hours worked as a registered nurse in the last three years	

Please refer to the *Guide to Registration as a Nurse in Aotearoa New Zealand* for further information and for Stage Two requirements.