



Please indicate the scope of practice in which you are applying for registration

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

Australian Health Practitioner Regulation Authority (AHPRA) registration number

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

Yes

No

If 'Yes' please give reference number

**(If you trained as a nurse in NZ and were registered in NZ you should NOT complete this application form. You need to apply for an Annual Practising Certificate. Please contact the Nursing Council of New Zealand)**

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

Qualification obtained	Date completed	Name and address of school(s) of nursing	Length of programme	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

I am currently registered in Australia on which I base my application for registration. A certified copy of my passport is attached as proof of identity.

The attached document(s) (Registration Certificate and/or current practising certificate) evidencing my registration in the State/Territory nominated above, is a complete and accurate copy and is endorsed as an attachment to this declaration by the Justice of the Peace or other authorised person who is witnessing my signature to this declaration.

Registration No:

Current to:

I give authorisation to the making of inquiries of, and the exchange of information with, the Australian Health Practitioner Regulation Authority regarding my activity in the relevant occupation or otherwise regarding my application for registration.

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

1.	Has your registration been cancelled or is it currently suspended in Australia as a result of disciplinary action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you been personally prohibited from carrying on the occupation for which registration is sought?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Do any special conditions apply to you carrying on the occupation for which registration is sought? (If so, please attach details of these conditions)	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 fit and competent to practise as a nurse in New Zealand?	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 <b>signed by me</b>	<input type="text"/>						
In the presence of:	<input type="text"/>						
<b>Signed by witness &amp; their designation:</b>	<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)

and affix seal here:

seal

## CHECKLIST FOR APPLICANTS

Please note the following documents 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.

<b>Application for registration</b>	✓
Application form	
Fees payment	
Certified copy of passport	
Certified copy of marriage certificate or evidence of change of name (if applicable)	
Certified copy of your registration certificate OR print out of your AHPRA registration from the online register OR certified copy of current practising 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	

**Is your application complete?**