



For Office Use Reference Number:

APPLICATION FORM

Trans-Tasman Mutual Recognition (TTMR) Act 1997

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			
Given/first names			
Previous name (if applicable)			
Date of birth	Day / month / year	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Postal address			
Email address (required)			
Telephone (optional)			

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)			
Of (address contact details)			
Email address			

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

If practising in Australia, which State are you practising in?

FEES (please refer to guide for more information)

A total of **NZ\$295.00** is charged for processing applications for registration as a nurse in New Zealand.

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
Cardholder's name	
Cardholder's signature	Date

Please make sure your credit card number is correct

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.

* 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"/>						

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 in Australia (please state designation)

seal

and affix seal here:

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.

Application for registration	✓
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 certified copy of current practising certificate	
Employment letter with the hours worked as a registered nurse in the last three years	

NB: Please note your application for annual practising certificate is a separate process. This application for an annual practising certificate is completed after successful registration. You will be required to provide evidence of your employment hours as a nurse for the last 3 years with your application for practising certificate.

Is your application complete?