NEW ZEALAND PSYCHOLOGISTS BOARD

HPCAA REGISTRATION

Application to be Registered as a Psychologist in New Zealand from a New Zealand qualified applicant

Under the Health Practitioners Competence Assurance Act 2003

PERSONAL DETAILS

(Please print clearly and complete each number below)

1. Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ _____ (Other Title) **2. Gender:** Male ☐ Female ☐ **3. Date of Birth:** _____

4. Full Name: _____
Given/First Names — Family/Surname (Please underline your Surname)

5. Previous Name(s): _____
(If applicable enclose relevant documents)

6. Date of Name Change: _____ **7. Nationality:** _____

8. Ethnicity: (Tick the ethnic category most appropriate for you. This data will help the Ministry of Health monitor psychology workforce trends)

☐ Maori _____ Iwi _____

☐ New Zealand European ☐ Other European (Specify) _____

☐ Pacific (Specify) _____ ☐ Other Ethnic Group (Specify) _____

CONTACT DETAILS

9. Postal (Mail) Address: _____

_____

10. Residential (Street) Address: _____

_____

11. Work Address: _____

_____

12. Phone and Email Details: (Include country/area codes) Telephone (Home) _____ Mobile _____

Telephone (Work) _____

Email Address(s) (Print clearly) _____

SCOPES OF PRACTICE FOR REGISTRATION

13. Scopes of Practice Sought for Registration: (Tick relevant boxes. Refer to back page for definitions of scopes of practice and qualifications)

☐ **"Intern Psychologist"** Scope of Practice

☐ **"Trainee Psychologist"** Scope of Practice

☐ **"Psychologist"** Scope of Practice

☐ **"Counselling Psychologist"** Vocational Scope of Practice

☐ **"Clinical Psychologist"** Vocational Scope of Practice

☐ **"Educational Psychologist"** Vocational Scope of Practice

QUALIFICATIONS FOR REGISTRATION

14. Qualifications for Registration: (Enter the most advanced qualification first. The Board reserves the right to contact the granting institutions to check information provided).

(1) Qualification: _____

Granting Institution _____

Country _____ Date Awarded/Conferred _____

(2) Qualification: _____

Granting Institution _____

Country _____ Date Awarded/Conferred _____

INTERNS ONLY

Name of postgraduate diploma (PGDip) / doctoral programme enrolled in: _____

University: _____ Expected Completion Date: _____

Name of Programme Co-ordinator or Head of Department: _____

PREVIOUS APPLICATION(S) FOR REGISTRATION

15. Have you previously made an application for registration with the New Zealand Psychologists Board? No ☐ Yes ☐

16. Have you sought a Non-Binding Assessment of Qualification(s)? No ☐ Yes ☐ (if yes, write date) _____

CHARACTER REFERENCES

17. Three confidential character references dated no more than three months old (from the date you signed the application form).The references may be included with the completed application form documentation or can be sent directly to the Board. **At least one reference must be from a New Zealand Registered Psychologist.**

Referees should comment on the applicant's character, work experience, and professional standing. The references **must be original, signed, dated, and on official letterhead** (where applicable) and not be more than **three months old**.

CURRICULUM VITAE (CV) OR RESUME

18. A copy of your up-to-date CV must be included with this application form. This must account for all your time and work experience since graduating and must include relevant dates.

EVIDENCE OF GOOD STANDING

NOTE: Applies **ONLY** for applicants who have worked and have been registered, licensed, or chartered overseas)

19. Enclose documentary evidence of Good Standing from any organisation/professional association or regulatory body with which you are currently or have been registered, licensed, or chartered within the past five years. **Document(s) must not be more than three months old from the date your application is signed.**

RECORD OF CRIMINAL CONVICTIONS

A conviction will not necessarily preclude the granting of registration. The Registrar will consider any conviction(s) on a case-by-case basis. If you have a conviction, please write a letter about the conviction to the Registrar to accompany your application.

20. The Board requires every New Zealand applicant to provide a Record of Criminal Convictions. Please complete and return the appended **Authorisation to Disclose Information** form which gives the Board authorisation to request disclosure from the NZ Police Vetting Service regarding any interaction you may have had with the NZ Police.

STATUTORY DECLARATION (UNDER THE OATHS AND DECLARATIONS ACT 1957)

(Consider this Declaration carefully before you sign)

21. I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND BY VIRTUE OF THE OATHS AND DECLARATIONS ACT 1957. I SOLEMNLY AND SINCERELY DECLARE THAT:

1. All of the information provided with this application is true and correct in every particular and detail;
2. I will provide the Psychologists Board with any such further information as it may require;
3. I am fit for registration as defined under section 16 of the Health Practitioners Competence Assurance Act 2003 and I know of no information that could cause the Psychologists Board not to be satisfied that I am of good character and reputation and am a fit and proper person to be registered;
4. I do not have a mental or physical condition that renders me unable to perform the functions required for the practice of psychology;
5. I have the qualifications that are prescribed for the scope of practice that I seek to be registered in, and I am competent to practise within that scope of practice.

Full Name_____ **Signature** _____
(Full Name of Applicant) (Signature of Applicant)

Declared at_____ **this**_____ **day of** _____**20**_____

Before me _____ **Signature**_____
(Full Name and Signature of person authorised to take a Statutory Declaration)

Address _____

_____

Occupation _____

NOTE FOR APPLICANTS: If the Statutory Declaration is made in New Zealand, it **must** be made before a person entitled under the Oaths and Declarations Act 1957 to take statutory declarations (e.g., a Justice of the Peace, solicitor, notary public, Registrar or Deputy Registrar of the High Court or any District Court, an authorised officer in the service of the Crown, or a Member of Parliament).

APPLICATION FEE

22. The full and correct application fee ($441.50) must accompany this application form. The fee is **non-refundable** whatever the outcome of the application.

. The Board's GST number is 73-081-238. Payment can be made by

☐ **Direct credit** to account 03 0502 0254983 00 **only if paid from a New Zealand bank account;** your name and registration number must show on our bank statement

☐ **Cheque or bank draft:** Must be in New Zealand dollars and payable to the *"Psychologists Board"*.

☐ **Credit Card:** Please debit my ☐ Visa or ☐ MasterCard (NZ$) **441.50** incl GST.

Card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry ☐☐☐☐

Cardholder's Name _____ Cardholder's Signature _____ Date _____

SEND YOUR COMPLETED FORM AND FEE TO:		ENQUIRIES TO:
New Zealand Psychologists Board (Post) PO Box 10-626 Wellington 6143 New Zealand	New Zealand Psychologists Board (Courier) Level 9 79 Boulcott Street Wellington 6011 New Zealand	Deputy Registrar (Registration) New Zealand Psychologists Board Telephone (64 4) 471-4588 Facsimile (64 4) 471-4581 Email: info@nzpb.org.nz

For office use only	Dbase entry created	Date cheque banked	CC authorisation & date	Dbase updated	Documents sent

NEW ZEALAND PSYCHOLOGISTS BOARD

AUTHORISATION TO DISCLOSE INFORMATION

I, _____

Surname First Names

_____

Maiden or any other names used

Sex: _____ **(M/F)** **Date of Birth:** _____

Place of Birth: _____ **Nationality:** _____

Residential Address: _____

Suburb: _____ **City:** _____

NZ Driver Licence Number: _____

authorise disclosure by the New Zealand Police of **ANY** information relating to any interaction I have had with the Police in any context, to the **New Zealand Psychologists Board**. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004.

Vetting can only be carried out with the signed and dated consent of the applicant as follows:

Signed: _____ **Date:** _____

COMMENTS OF THE NEW ZEALAND POLICE:

AGENCY CODE: N30658

NEW ZEALAND PSYCHOLOGISTS BOARD

HPCAA REGISTRATION APPLICATION CHECKLIST

IMPORTANT: PLEASE READ THIS NOTICE BELOW BEFORE SENDING IN YOUR APPLICATION

All documents supporting your application for registration must be the original or certified copies of originals. A certified copy is a direct copy (photocopy) of an original document that is certified as a true copy of the original by an official with the necessary legal power, such as a Justice of the Peace, Solicitor or Notary Public. Certification requires that the official signs with his or her name, position and official seal (where applicable) clearly visible by the signature.

Failure to provide the correct specified documentation will cause processing delays. The processing of your registration application will normally be completed within 4 weeks of receipt of a complete application.

CHECK LIST

ALL APPLICANTS MUST INCLUDE THE FOLLOWING DOCUMENTATION (Tick the box as you check your documents for enclosure with this form)

☐ A **certified colour** passport sized photograph.

☐ (Item 5): Evidence of any name change (e.g., Deed Poll, Marriage Certificate) if applicable.

☐ (Item 13): Intern Psychologist applicants must include confirmation of your acceptance to the relevant course from the **Course Co-ordinator**. Confirmation must include the student's name and course in which they have been enrolled for the internship.

☐ (Item 14): A current and complete official university Academic Record and transcript which records: Papers passed and grades obtained for post graduate diploma and/or degree programmes; completion of requirements for degrees and/or diplomas; and date degree conferred or awarded.

NOTE:The Board will not normally grant registration until degrees/diplomas have been conferred or awarded by the granting institution. If your transcript does not show that your degree has been conferred or your diploma awarded enclose a **certified** copy of the certificate.

☐ (Item 17) Three character references marked 'confidential' and signed and dated not more than **three months old**. References must be original.

☐ (Item 18) A full and detailed C.V.

☐ (Item 19) Evidence (a Letter or Certificate of Good Standing) dated not more than three months old from each registration body you have been registered with in the past five years (if you were registered overseas).

☐ (Item 20) Completed **Authorisation to Disclose Information** form with explanatory letter if applicable.

☐ (Item 21) Signed and witnessed Statutory Declaration.

NOTE FOR APPLICANTS: If the Statutory Declaration is made in New Zealand, it must be made before a person entitled under the Oaths and Declarations Act 1957 to take statutory declarations (e.g., a Justice of the Peace, solicitor, notary public, Registrar or Deputy Registrar of the High Court or any District Court, an authorised officer in the service of the Crown, or a Member of Parliament).

☐ (Item 22) Application fee (cheque or credit card details). Please note that the Board does not issue invoices for the registration fee. The application fee is **not** refundable whatever the outcome of the application. (The Board's GST number is 73-081-238).

NOTE FOR ALL APPLICANTS: An incomplete application will not be processed by the Psychologists Board.

NEW ZEALAND PSYCHOLOGISTS BOARD

SCOPES OF PRACTICE AND QUALIFICATIONS

For psychologists registered in New Zealand under the HPCA Act 2003

SCOPES OF PRACTICE AND PRESCRIBED QUALIFICATIONS

1. **"Psychologist"** - A psychologist within a general scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

   The following qualifications are prescribed for registration as a psychologist in the general scope of practice;

   A minimum of a Masters degree in Psychology from an accredited[1] educational organisation, or an equivalent qualification. Eligibility for a general scope of practice requires a Board approved practicum or internship involving 1500 hours of supervised practice.

2. **"Intern Psychologist" -** An intern psychologist within a special purpose scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

   An Intern Psychologist scope of practice may be granted to applicants:

   - who have completed formal academic studies that have provided them with the foundation competencies required for safe practice in a supervised internship setting and who are enrolled in a Board-accredited post graduate diploma or doctoral course of studies.

3. **"Trainee Psychologist" -** A trainee psychologist within a special purpose scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

   A Trainee or Intern Psychologist scope of practice may be granted to applicants:

   - who have completed formal academic qualifications that have provided the foundation competencies required for safe practice in a supervised setting and who are entering Board-approved supervised practice for the purpose of achieving full registration.

VOCATIONAL SCOPES OF PRACTICE AND PRESCRIBED QUALIFICATIONS

4. **"Clinical Psychologist" -** Clinical Psychologists apply psychological knowledge and theory derived from research to the area of mental health and development, to assist children, young persons, adults and their families with emotional, mental, developmental or behavioural problems by using psychological assessment, formulation and diagnosis based on biological, social and psychological factors, and applying therapeutic interventions using a scientist-practitioner approach. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

   The following qualifications have been prescribed for registration as a psychologist in the clinical scope of practice;

   A minimum of a Masters degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in Clinical Psychology, or equivalent qualification. Eligibility for a clinical psychology scope of practice shall require a Board-approved practicum or internship involving 1500 hours of supervised practice.

5. **"Counselling Psychologist" -** Counselling Psychologists apply psychological knowledge and theory derived from research to the area of client empowerment and enhancement, to assist children, young persons, adults and their families with personal, social, educational, and vocational functioning by using psychological assessments and interventions, and preventative approaches that acknowledge ecological, developmental and phenomenological dimensions. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

[1] "Accredited" here and in subsequent references means accreditation of the educational organisation, or an educational course, by the New Zealand Psychologists Board for the purpose of registering psychologists.

The following qualifications have been prescribed for registration as a psychologist in the Counselling Psychologist scope of practice;

> A minimum of a Master's degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in Counselling Psychology, or equivalent qualification. Eligibility for a counselling psychologist scope of practice shall require a Board-approved practicum or internship involving 1500 hours of supervised practice.

6. **"Educational Psychologist" -** Educational Psychologists apply psychological knowledge and theory derived from research to the area of learning and development, to assist children, young persons, adults and their families regarding their learning, academic performance, behavioural, social and emotional development, by using psychological and educational assessments and applying interventions using systemic, ecological and developmental approaches. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications have been prescribed for registration as a psychologist in the educational scope of practice;

> A minimum of a Masters degree in Psychology[3] from an accredited educational organisation and an accredited Postgraduate Diploma in Educational Psychology, or equivalent qualification. Eligibility for an educational scope of practice shall require a Board-approved practicum or internship involving 1500 hours of supervised practice.

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[3] A Masters degree in Education may be considered equivalent to a Masters degree in psychology where its content is sufficiently educational psychology in nature.