New Zealand
PSYCHOLOGISTS BOARD
Te Poari Kaimātai Hinengaro o Aotearoa

Application for a NON-BINDING ASSESSMENT OF QUALIFICATIONS for Registration as a Psychologist in New Zealand

PERSONAL AND CONTACT DETAILS

(Please print clearly and complete all sections 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. Postal Address: _____

_____

6. Contact Details: (Include country/area codes) Telephone (Work) _____ Telephone (Home) _____

Mobile Telephone _____ Facsimile _____

Email Address _____
(Print clearly)

DOCUMENT CHECKLIST (Please note: All documentation must be in English)

To assist us to provide a better assessment please provide the following:

☐ Transcripts of your qualifications programmes and certified copies of your degree certificates.
☐ Details of the internship(s) you have completed.
☐ Evidence of registration or licensure in another country.
☐ A work history detailing your employment and experience.
☐ Evidence that you have successfully undertaken an IELTS (Academic) English language test if English is NOT your first language.

QUALIFICATIONS

List your most recent qualifications first. Attach course transcripts plus details of any internship(s) completed.

DEGREE	DATE CONFERRED	UNIVERSITY & COUNTRY

APPLICATION FEE

The application fee of NZ$102.00 must be enclosed with the completed application form. This 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 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$) _____ incl GST.

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

Three digit security code: ☐☐☐ (this is required by our Bank)

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

SEND YOUR COMPLETED PAYMENT FORM AND FEE TO	ENQUIRIES TO
New Zealand Psychologists Board (Post) PO Box 10-626, Wellington 6143, New Zealand (Courier) Level 9, 79 Boulcott St, 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	D'base updated	Documents sent