



TTMRA REGISTRATION

Application Form for Registration as a Psychologist in New Zealand

Under the Trans Tasman Mutual Recognition Act 1997

This application for registration under the Trans Tasman Mutual Recognition Act (TTMRA) 1997 is for registration in the scope of practice equivalent to your current endorsement in Australia. To seek registration in a different or additional scope of practice, please also complete the "Application for a Vocational Scope of Practice" form (available on the Board's website).

PERSONAL AND CONTACT DETAILS - Please complete all address fields

(Please print clearly and complete each number below)

1. Title: Mr Mrs Ms Miss Dr Other: _____ 2. Gender: Male Female Gender Diverse

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 e.g. Deed Poll, Marriage Certificate)

6. Date of Name Change: _____

7. Postal (Mail) Address: _____

8. Residential (Street) Address: _____

9. Work Address: _____

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

Mobile Telephone _____

Email Address (1) _____
(Print clearly)

Email Address (2) _____
(Print clearly)

STATUTORY DECLARATION

- Notes:**
- Annexures with this Statutory Declaration need to be signed and referenced with the words "This is the attachment referred to in the Statutory Declaration of [name] declared at [location] this [] day of [] 20[]."
 - 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. Justice of the Peace, solicitor, notary public, Registrar or Deputy Registrar of the High Court of New Zealand or District Court, authorised officer in the service of the Crown, or any member of Parliament).
 - In Australia, a Statutory Declaration must be made before a Judge, a Commissioner of Oaths, a notary public, or a Justice of the Peace or any person authorised by the law of Australia to administer an oath there for the purposes of a judicial proceeding, or before a Commonwealth representative, or before a solicitor of the High Court of Australia.

STATUTORY DECLARATION

I, _____
(Applicant's Full Name)

DO SOLEMNLY AND SINCERELY DECLARE THAT:

1. I am applying for registration as a psychologist in New Zealand and I am currently registered as a psychologist by the Psychology Board of Australia.
2. I hold the following area of practice endorsement(s) in Australia: _____
3. I seek registration in accordance with the Trans Tasman Mutual Recognition principle in relation to occupations (Section 15 of the Trans Tasman Mutual Recognition Act 1997).
4. I hold the following academic qualification(s):
Title of Qualification (1) _____
Granting Institution _____ Date Conferred _____
Title of Qualification (2) _____
Granting Institution _____ Date Conferred _____
5. I am am not the subject of any preliminary investigation or action that might lead to disciplinary proceedings in any jurisdiction.
6. I am am not the subject of any complaint or disciplinary proceedings in any jurisdiction.
7. My registration has not been cancelled or suspended in any jurisdiction as a result of disciplinary action.
8. I am am not personally prohibited from practising as a psychologist in any jurisdiction.
9. I am am not subject to any special conditions in carrying on any occupation as a result of criminal, civil, or disciplinary proceedings in any jurisdiction.
10. I give consent to the making of inquiries of, and the exchange of information with, the authorities of any jurisdiction regarding my activities in the practice of psychology or any other matters relevant to this application.
11. I attach the original or a certified copy of my current practising certificate / license or other document evidencing current entitlement to practice psychology.

AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND BY VIRTUE OF THE NEW ZEALAND OATHS AND DECLARATIONS ACT 1957.

Applicant's Full Name _____ **Applicant's Signature** _____

Declared at _____ this _____ day of _____ 20 _____

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

Designation/Title _____

Address _____

Occupation _____

