



HPCAA REGISTRATION

Application to be Registered as a
Psychologist in New Zealand
from a New Zealand-trained 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: _____

2. Gender: Female Male Gender Diverse

3. Date of Birth: Day: _____ Month: _____ Year: _____

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: Day: _____ Month: _____ Year: _____

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

- Māori Iwi _____
- New Zealand European Other European (Specify) _____
- Pacific (Specify) _____ Other Ethnic Group (Specify) _____

CONTACT DETAILS - Please complete all address fields (as required by section 140 of the HPCA Act)

8. Postal (Mail) Address: _____

9. Residential (Street) Address: _____

10. Work Address: _____

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

Telephone (Work) _____

Email Address(s) (Print clearly) _____

SCOPES OF PRACTICE FOR REGISTRATION

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

- | | |
|---|---|
| <input type="checkbox"/> "Intern Psychologist" Scope of Practice | <input type="checkbox"/> "Counselling Psychologist" Scope of Practice |
| <input type="checkbox"/> "Trainee Psychologist" Scope of Practice | <input type="checkbox"/> "Clinical Psychologist" Scope of Practice |
| <input type="checkbox"/> "Psychologist" Scope of Practice | <input type="checkbox"/> "Educational Psychologist" Scope of Practice |
| | <input type="checkbox"/> "Neuropsychologist" Scope of Practice |

QUALIFICATIONS FOR REGISTRATION

13. 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 Conferred _____

(2) Qualification: _____

Granting Institution _____

Country _____ Date 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

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

CHARACTER REFERENCES

15. Three confidential character references, 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** (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.**

CURRICULUM VITAE (CV) OR RESUME

16. 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.

17. 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.

18. The Board requires every New Zealand applicant to provide a Record of Criminal Convictions. Please complete the appended **NZ Police Vetting Request and Consent 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. You should complete the relevant sections of pages 1 and 3 and you should read and sign page 4 before sending them in with your application. (Leave page 2 blank as it is for the Approved Agency to complete.) If you have resided overseas you will also need to provide a Police Clearance Certificate (such as FBI Criminal Conviction Information / Fingerprint Information in the USA) or an equivalent form detailing any convictions you have had in any country in which you have lived in the past **5 years**.



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 **colour** passport sized photograph **certified** on the reverse.
- (Item 5): Evidence of any name change (e.g., Deed Poll, Marriage Certificate) if applicable.
- (Item 12): Intern Psychologist applicants must include confirmation of your acceptance to the relevant course from the **Course Co-ordinator/Programme Leader**. Confirmation must include your name and the course in which you have been enrolled for the internship.
- (Item 13): 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.

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

- (Item 15) Three character references marked 'confidential' and signed and dated not more than **three months old**. References must be original. References can either be included with your application or sent directly to the Board.
- (Item 16) A full and detailed C.V.
- (Item 17) 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 18) Completed and signed **NZ Police Vetting Service Request and Consent** form with explanatory letter if applicable.
- (Item 19) 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 20) Application fee (direct credit, 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.



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 accredited¹ 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 Psychology³ 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.

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.

Section 1: Approved Agency to complete

(For more information please see the [Guide to Completing the Consent Form](#) -

<http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

Name of Approved Agency submitting vetting request:

Name of Applicant to be vetted:

Description of Applicant's role:

Applicant's purpose

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Licence/Registration | <input type="checkbox"/> Visa/Work Permit | <input type="checkbox"/> Other |

What group(s) will the applicant have contact with in their role for your agency?

- | | | | |
|---|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Elderly | <input type="checkbox"/> Other Vulnerable Adults | <input type="checkbox"/> Other |
|---|----------------------------------|--|--------------------------------|

What is the applicant's primary role for your agency?

- | | | | |
|--|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Caregiving (Children) | <input type="checkbox"/> Caregiving (Vulnerable adults) | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education |
| <input type="checkbox"/> Other | | | |

Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?

- | | |
|--|--|
| <input type="checkbox"/> Yes (VCA Core Worker) | <input type="checkbox"/> Yes (VCA Non-Core Worker) |
| <input type="checkbox"/> No (mandatory under other legislation/optional/standard Police Vet) | |

If this is a mandatory Vulnerable Children Act request, please specify the check reason below:

- | | |
|--|---|
| <input type="checkbox"/> New Children's Worker | <input type="checkbox"/> Existing Children's Worker |
| <input type="checkbox"/> VCA Renewal | |

Evidence of Identity (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- A primary ID has been sighted (Mandatory – see the [guide](#) for further details)
- A secondary ID has been sighted (Mandatory – see the [guide](#) for further details)
- One form of ID is photographic (Mandatory – see the [guide](#) for further details)
- Evidence of name change has been sighted (if applicable)

OR: If your organisation is able to accept a verified RealMe identity then:

- An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)
- ✓ I am satisfied with the correctness of the applicant's identity
- ✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: _____ Date: _____

Signature: _____ Electronic Signature

Name of Approved Agency submitting vetting request:

Section 2: Applicant to complete and return to Approved Agency

**Denotes a mandatory field*

Personal Information

Details (note: the name you are most commonly known by is your primary name)

*Family name (Primary):

Given name(s):

*Gender: (M) (F) (Other) *Date of birth:
(dd/mm/yyyy)

Place of birth:
(Town/City/State)

*Country of birth:

NZ Driver Licence number:

Previous names: If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Residential Address

*Number/Street:

Suburb: Post Code:

*City/Town/
Rural District:

Section 3: Applicant to complete and return to Approved Agency

Consent to release information

1. The New Zealand Police may release **any** information they hold relevant to the purpose of this vetting request. This includes:
 - Conviction histories and infringement/demerit reports
 - Active charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
 - Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).
 - The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
 - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police Vetting Service has ascertained that the purpose of the Police vet (e.g. employment role) still exists.

The Vetting Service will endeavour to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability at any time.

Name: _____

Date: _____

Signature: _____

Electronic
Signature

