



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, one of which must be from a New Zealand Registered Psychologist. Referees should comment on the applicant's character, work experience, and professional standing.

References must be original, on official letterhead (where applicable), signed and dated not more than 3 months from the application date.

These may be submitted with the application or emailed by the referee(s) to registration@nzpb.org.nz.

CURRICULUM VITAE (CV) OR RESUME

16. A copy of your current CV which covers the period since graduating and must include relevant dates and work history.

If you are applying for the Intern Psychologist scope, please ensure your CV covers the last 5 years.

EVIDENCE OF GOOD STANDING

Applies **ONLY** to applicants who have worked and 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 5 years. Document(s) must be dated within 3 months of the application date.

RECORD OF CRIMINAL CONVICTIONS

If you have a conviction, please include a letter addressed to the Registrar regarding the details of the conviction. The Registrar will consider any conviction(s) on a case-by-case basis. A conviction will not necessarily preclude the granting of registration.

18. Please complete the appended NZ Police Vetting Request and Consent form authorising the Board to request disclosure regarding any interaction you may have had with the NZ or Australian Police. If you have resided overseas you will also need to provide a Police Clearance Certificate from each country in which you have lived in the past 5 years, detailing any convictions and dated within 6 months of the application date.



HPCAA REGISTRATION APPLICATION CHECKLIST

All documents supporting your application for registration must be original(s) or certified copies of originals.

A certified copy is a photocopy of an original document certified as a true copy of the original by an official with the necessary legal power (e.g. a Justice of the Peace, Solicitor or Notary Public). The official must sign with his or her name, position and official seal (where applicable) clearly visible by the signature.

Failure to provide complete documentation in the correct format will result in processing delays.

ALL APPLICANTS MUST INCLUDE THE FOLLOWING DOCUMENTATION

- A certified colour passport sized photograph. The certifier must state the following: "I certify that I have sighted [full name of applicant] and this is a true likeness" as well as sign and date the reverse of the photo.
- (Item 5)**: Evidence of any name change (e.g., Birth Certificate, Marriage Certificate, Name Change Certificate).
- (Item 12)**: From Intern applicants we require the Course Co-ordinator/Programme Leader's written confirmation of the applicants acceptance into the named training programme.
- (Item 13)**: An official university Academic Record and transcript recording papers passed, grades obtained for post graduate qualifications and date qualifications were conferred/awarded. An eQuals link can be emailed to registration@nzpb.org.nz

The Board records only conferred/awarded qualifications. If the transcript does not show this detail, please provide a certified copy of the certificate.
- (Item 15)** Three character references. References can either be included with your application or emailed directly to the Board by the referee to registration@nzpb.org.nz
- (Item 16)** A current C.V.
- (Item 17)** A Letter or Certificate of Good Standing from each overseas registration body you have been registered with in the past 5 years, dated within 3 months of the application date.
- (Item 18)** Completed and signed NZ Police Vetting Service Request and Consent form with explanatory letter if applicable. If you have resided overseas in the past 5 years, you will also need to provide a Police Clearance Certificate detailing any convictions from each country in which you have lived, dated within 6 months of the application date.
- Appropriate Evidence of Identity for Police Vetting purposes. This may include a certified copy of the relevant page of your passport showing your date of birth, nationality and photograph and a certified copy of your NZ Driver Licence. Please refer to <https://www.police.govt.nz/advice/businesses-and-organisations/vetting> for further details on acceptable forms of ID.
- (Item 19)** Statutory Declaration signed and witnessed.
- (Item 20)** Application fee. The Board's GST number is 73-081-238



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 |
|--|---|-------------------------------------|------------------------------------|--------------------------------|

Will the role take place in the applicant's home?

- Yes No

Will the applicant be a volunteer or paid for their role?

- Paid Volunteer

Is this request mandatory under the Children's Act 2014 (CA)?

- Yes: Core childrens worker Yes: Non-core childrens worker
- No (mandatory under other legislation/optional/standard Police Vet)

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

- New Children's Worker Existing Children's Worker CA Renewal

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

- | | |
|---|---|
| <input type="checkbox"/> A primary ID has been sighted (Mandatory) | <input type="checkbox"/> A secondary ID has been sighted (Mandatory) |
| <input type="checkbox"/> One form of ID is photographic (Mandatory) | <input type="checkbox"/> 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 if relevant to the purpose of this vetting request. This includes:
 - Conviction histories and infringement/demerit reports
 - Active investigations, 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)
 - b. Section 31(3) of the Children’s Act 2014 applies to this request (safety checks of core children’s workers).
 - c. 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 newly-obtained 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 taken steps to confirm that the purpose of the Police vet still exists – e.g. that I got the role which required a Police vet and am still employed or engaged in it.

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



Section 4: Applicant to complete for Australian check (if required)

Additional Personal Information (for Australian National Police History Check)

Last Permanent Australian Residential Address

*Number/Street:			
*Suburb:		*Post Code:	
*City/Town/ Rural District:		*State or Territory:	
*Period of Residence <i>Start date (dd/mm/yyyy)</i>		*Period of Residence <i>End date (dd/mm/yyyy)</i>	
Australian Driver's Licence No: (if applicable)		Issued by:	
Australian Firearms Licence No: (if applicable)		Issued by:	

General Information for an Australian National Police History Check

General Information

Australian Criminal Intelligence Commission (ACIC) is collecting your personal information in this form in order to conduct a National Police History Check (NPHC) on you. Approved Agencies in New Zealand, named in section one, use the personal information collected on this form and the resulting NPHC as part of the assessment process to determine suitability for the position/entitlement/benefit which you are applying for.

Unless statutory obligations require otherwise, the information provided on this form will not be used without your prior consent for any purpose other than in relation to the assessment of your suitability or to maintain the records of ACIC, Australian Police Agencies¹, or NZ Police.

You will be required to complete another consent form for any future NPHC checks.

National Police History Check (NPHC)

A NPHC is an integral part of the assessment of your suitability. Information on this form will be used by ACIC, and Australian Police Agencies for checking action; it will also be used to update records held about you by ACIC, Australian Police Agencies and NZ Police.

Information released may include outstanding charges, warrant information and criminal convictions/findings/pleas of guilt recorded against you that may be disclosed according to the laws of the relevant jurisdiction and, in the absence of any laws governing the release of that information, according to the relevant jurisdiction information release policy.

Limitations on accuracy and use of Police History Information

While every care has been taken by ACIC to conduct a search of information held by Australian Police Agencies that relate to the applicant, the accuracy and quality of this NPHC depends on accurate identification of the Applicant (including aliases) according to the information provided in the Request and Consent Form and the comprehensiveness of police records. If the applicant does not complete the information requirements in this form the success and validity of the NPHC will be compromised.

If for any reason you do not agree with the results of your NPHC, please notify the Approved Agency that you submitted the check through in the first instance, so that the NPHC dispute process can be initiated.

The release of information by Australian Police Agencies is subject to relevant Spent Convictions, non-disclosure legislation or information release policies.

Spent Conviction Schemes

The aim of Spent Convictions legislation² is to prevent discrimination on the basis of certain previous convictions. Spent Convictions legislation limits the use and disclosure of older, less serious convictions and findings of guilt. Each Australian Police Agency will apply the relevant Spent Convictions legislation/information release policy prior to disclosure.

¹ Australian Federal Police, ACT Policing, The New South Wales Police Force, Queensland Police Service, South Australia Police, Victoria Police, Western Australia Police, Northern Territory Police Force, Tasmania Police Service

² Applicable Spent Conviction legislation, as amended from time to time

General Information for an Australian National Police History Check, (continued)

The following links may be helpful in sourcing information on Spent Convictions in the Australian States & Territories but may not be relied upon. If further information or clarification is required please contact the individual Australian Police Agencies directly for further information about their release policies and any legislation that affects them.

Commonwealth www.comlaw.gov.au	South Australia www.legislation.sa.gov.au	Western Australia www.slp.wa.gov.au
New South Wales www.legislation.nsw.gov.au	Victoria Police www.police.vic.gov.au	Northern Territory - www.nt.gov.au/dcm/legislation/current.html
Queensland www.legislation.qld.gov.au	Tasmania www.thelaw.tas.gov.au	Australian Capital Territory www.legislation.act.gov.au

Provision of incomplete, false or misleading information

An Approved Agency or Applicant must take reasonable steps to ensure that the personal information collected, or disclosed is accurate, complete and up to date.

You are asked to certify that the personal information you have provided on this form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided incomplete, false or misleading information, you may be assessed as unsuitable.

It is a serious offence to provide false or misleading information in Australia.

Consent to disclosure (for Australian National Police History Check)

- I have read the General Information in section 3 of this form and understand that information will be disclosed in accordance with applicable legislation and information release policies (including spent convictions legislation, however described) in the Commonwealth, States and Territories;
- I understand that the position/entitlement for which I am being considered may be in a category for which exclusions from Spent Convictions legislation may apply;
- I have fully completed this form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me, and is correct;
- I acknowledge that the provision of false or misleading information is a serious offence;
- I acknowledge that the Approved Agency named in Section 1 of this form is collecting information in this Form to provide to New Zealand Police to provide to ACIC (an Agency of the Commonwealth of Australia) and the Australian Police Agencies;
- I consent to:**
 - ACIC using and disclosing personal information about me in this form to the Australian Police Agencies;
 - the Australian Police Agencies disclosing to ACIC, from their records, Police History information that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and in accordance with the relevant jurisdiction's information release policies;
 - ACIC disclosing the information disclosed by the Australian Police Agencies to New Zealand Police, and
 - New Zealand Police disclosing any criminal history information about me to the Approved Agency named in Section 1 of this form to assess my suitability in relation to my application;
- I acknowledge that any information provided by me in this form relates specifically to the purpose identified in Section 1 of this form;
- I acknowledge that any information provided by the Australian Police Agencies or ACIC relates specifically to the purpose identified in Section 1 above;
- I acknowledge that personal information that I provide in this form may be disclosed to the Approved Agency named in Section 1 of this form (including contractors or related bodies corporate) located in New Zealand or overseas; and
- I acknowledge that it is usual practice for an Applicant's personal information in this form to be disclosed to New Zealand Police and Australian Police Agencies for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

Note: The information provided in this form will be used only for the purpose stated above unless statutory obligations require otherwise.

Applicant's Authorisation:

I have read and understood the information above and consent accordingly. *Signed in electronic form*

or, Signature: _____

Date: _____