



HPCAA REGISTRATION

Return to Practice Application

Under the Health Practitioners Competence Assurance Act 2003

N.B.: This application may only be used by a person who is still on the Register of Psychologists but has not held a practising certificate within the 3 years immediately preceding the date of this application.

PERSONAL DETAILS

(Please print clearly and complete each section below)

1. **Title:** Mr Mrs Ms Miss Dr Other title: _____ 2. **NZ Registration #:** 90-0 _____

3. **Gender:** Male Female Gender Diverse 4. **Date of Birth:** _____

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

6. **Previous Name(s):** _____
(If applicable, enclose relevant documents - see checklist below)

7. **Date of Name Change:** Day: _____ Month: _____ Year: _____

8. **Ethnicity:** (Tick and complete the 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 HPCAA Act)

9. **Postal (Mail) Address:** _____

10. **Residential (Street) Address:** _____

11. **Employer & Address:** _____

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

Telephone (Work) _____

Email Address(s) (Print clearly) _____

RETURN TO PRACTICE INFORMATION

13. Please provide the Board with the following information:

1. A letter stating your return to practice intentions, including the nature of the intended work and, if possible, the intended practice setting.
2. An up-to-date Curriculum Vitae, including professional development and professionally relevant activities undertaken since an APC was last held.
3. Evidence of any relevant practise in another country. This may include registration documents and a reference from a supervisor in that setting.

Please refer to the Return to Practice Brochure attached for further information.

RECORD OF CRIMINAL CONVICTIONS

14. 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 Police. If you have resided overseas (for 3 months or longer) since the last time you held an APC you will also need to provide a Police Clearance Certificate from each country in which you have lived, detailing any convictions, and dated within 6 months of the application date.

STATUTORY DECLARATION (UNDER THE OATHS AND DECLARATIONS ACT 1957)

Please consider the following Declaration carefully before you sign.

15. I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND BY VIRTUE OF THE NEW ZEALAND 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;

NOTE FOR APPLICANTS:

The declaration below must be signed before a person authorised to take statutory declarations in your country and witnessed by that person.

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 _____

APPLICATION FEE

16. The full and correct application fee 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.

- 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
- Credit Card: Please debit my Visa or MasterCard (NZ\$) 230.00 incl GST.

Card number Expiry

Name on Credit Card: _____ Cardholder's Signature _____ Date _____

SEND YOUR COMPLETED FORM AND FEE TO

New Zealand Psychologists Board
(Post) PO Box 9644
Marion Square
Wellington 6141
New Zealand

New Zealand Psychologists Board
(Courier) Level 5
22 Willeston Street
Wellington 6011
New Zealand

ENQUIRIES TO

New Zealand Psychologists Board
Telephone (64 4) 471 4580
0800 471 4580
Email: registration@nzpb.org.nz

For office use only	DC _____ CC _____ Date paid	CC authorisation	Dbase updated	Receipt sent
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HPCAA REGISTRATION APPLICATION CHECKLIST

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

All documents supporting your application must be the original(s) or certified copies of originals and must be in English.

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. Justice of the Peace, Solicitor of Notary Public). The official must sign with his or her name, position and official seal (where applicable) clearly visible by the signature.

An incomplete application will NOT be processed by the Psychologists Board. Failure to provide the correct specified documentation will cause processing delays.

CHECK LIST

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

- (Items 6 & 7): Evidence of any name change (e.g., Marriage Certificate) *if applicable*.
- (Items 13): Return to practice documentation.
 - Letter with return to practice intentions.
 - CV including professional development & professionally relevant activities undertaken since an APC was last held.
 - Evidence of any relevant practise in another country (if applicable).
- (Item 14): 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.
 - If you have lived/worked in the USA for longer than 3 months within the past five years, you will need to provide **both** an FBI report and state level police clearance certificate for every state in which you have lived.
 - If you have lived/worked in the UK for longer than 3 months within the past five year you will need to provide an ACRO criminal record certificate.



Returning to Practice after a break of three years or longer

The Health Practitioners Competence Assurance Act 2003 (the “**Act**”), the legislation which regulates the psychology profession in New Zealand, requires the Board to be assured that a psychologist – who is registered but who has not held a practising certificate in the last three years – is competent to practise before issuing an Annual Practising Certificate (**APC**) (refer s 27). To meet this obligation the Board requires those psychologists, referred to here as “**returners**”, to supply certain information and may impose special conditions on their scope of practice. The Board may decide that an APC should not be issued until the applicant has fulfilled one or more conditions or may decide not to issue an APC to that applicant.

Return to Practice policy

The Board’s policy is designed to meet its statutory obligations to protect the health and safety of members of the public by supporting and facilitating returners to make a safe transition back into competent practice. Any additional support and oversight requested by the Board is likely to be no more than what most responsible professionals would choose for themselves in order to be confident that they are maintaining safe professional practice. While each returner is responsible for their own competence and conduct, the profession has a collective interest in maintaining high standards to uphold the reputation of the profession.

The Board’s policy is intended to be remedial rather than restrictive. It is not intended to be a deterrent to returning to psychology practice, nor does it have a disciplinary function. The Board is appreciative of the assistance of senior and respected members of the profession as supervisors who may be involved to help refresh the returner’s skills and oversee their initial practice.

The Boards ‘Return to Practice’ (**RTP**) framework is a set of guidelines rather than firm rules. There are many variables to consider when assessing a returner’s application.

What information will be requested?

Before the Board considers an APC application, it will request that a returner who has been away from practice for longer than three years provides:

1. A letter stating their return to practice intentions, including the nature of the intended work and, if possible, the intended practice setting.
2. An up-to-date Curriculum Vitae, including professional development and professionally relevant activities undertaken since an APC was last held.
3. Evidence of any relevant practise in another country. This may include registration documents and a reference from a supervisor in that setting.

Factors considered and possible outcomes

The information submitted will be considered to help us decide which of three optional outcomes best applies:

Option 1: APC issued with no further restrictions. (No additional information will be requested, other than the normal complete application for an APC.)

Option 2: APC issued once revision and supervision plans (based on the Board’s Continuing Competence Programme (**CCP**), see further information below) are submitted and approved. A condition is likely to be placed on the returner’s scope of practice that they must only practise with Board-approved supervision, and the supervisor will be requested to provide three-monthly reports for one year.

Option 3: APC issued only once further training or retraining is successfully completed. While each individual application will be considered on its merits, the threshold for Option 3 is approximately ten year’s absence from active practice.

The following factors may be considered in our decision-making:

Competence enhancing factors:

- The degree to which knowledge and skills were consolidated after completing professional training.

- Any relevant experience in a related field of endeavour during the break from holding an APC in New Zealand.
- Activity which is likely to maintain knowledge and familiarity with current research in psychology.
- Resuming practice in a field similar to that practised in prior to the break from holding an APC.

Factors which are perceived as increasing the risk of loss of competence:

- An extended period of time away from practice with little or no engagement in activity relevant to professional psychology.
- Little consolidation of professional training prior to having a break away from the psychology profession.
- Greater duration of time away from practice as compared to the time spent in practice.
- An intention to resume practice in a different field of psychology than that practised in previously.

Supervision plan

The reinstatement of regular supervision with a senior and respected member of the profession is regarded by the Board as a key component of ensuring competence and a safe return to practice. The proposed supervision plan should name the intended supervisor and show the frequency of meetings planned. It is accepted that in some circumstances it may not be possible to identify a named supervisor until an employment situation is established. If approved by the Board, the supervisor will be asked to provide oversight on our behalf by completing brief reports at 3-monthly intervals over the first year of returning to practice. These reports are intended as a communication channel to signal any concerns about competence, but can be kept very brief if there are no competence concerns.

The reports from the supervisor should include confirmation that the returner psychologist has developed revision plans and that learning goals are being enacted.

Revision plan

The Board's Continuing Competence Programme (**CCP**) is used to provide a structure to the development of revision plans. The revision plan is expected to include confirmation from the supervisor that the returner has developed his or her CCP "starter" documents for the coming year; that is, to confirm that a self-reflective review of current competence, strengths and weaknesses has occurred. Any competencies which are identified as needing strengthening should be addressed by setting learning goals. The "Returner" should also develop learning plans to indicate how these goals will be progressed.

By following these CCP steps it is expected that supervision will offer the platform for returners to complete CCP structured revision plans to actively review their training needs, to develop plans for any extra reading, revision, and/or professional development activities, and to follow through on these plans. It is likely that returners will need to undertake extra professional development activities (as compared to the ordinary or routine development activities expected of all active psychologists) to support their revision. (Please note that the Board's Psychology Advisor can be consulted re the development of your revision plan.)

Continuing Competence Programme

The CCP must be completed each year by every psychologist who holds a current APC. The CCP steps provide the structure for a self-directed professional development programme for each practitioner. For returners, the CCP provides a RTP plan which will detail intended remedial action to address any perceived weaknesses, based on an up-to-date appraisal of skills and knowledge as related to the intended area of practice. Your CCP should be developed in conjunction with and will need to be countersigned by your supervisor.

The CCP instruction booklet and optional templates can be downloaded from the Board's website (www.psychologistsboard.org.nz) or can be requested from the Psychology Advisor (contact details below).

The supervisor's role

The Board is reliant on the supervisors of returners to ensure a safe return to practice. The supervisor is expected to give feedback to the returner and to engage in frank discussion about any perceived shortfall in current competencies. The supervision for returners is likely to be more frequent than that of a psychologist who has practised continually. Should a supervisor have serious misgivings about a returner's competence, these should promptly be reported to the Board (refer s 34 of the Act).

Contact us

If you are considering a return to active practice, you are encouraged to approach the Board earlier rather than later so that your efforts are appropriately directed. Please contact the Psychology Advisor or the Registration Team at the Board office.

Email: registration@nzpb.org.nz

Phone: 0800 471 4580

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 (not guilty), discharged without conviction, withdrawn, or resolved by way of the Police diversion scheme
 - **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

