NEW ZEALAND PSYCHOLOGISTS BOARD

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 each number 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

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

☐ Transcripts of your qualifications programmes and 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 English language test if English is NOT your first language.

QUALIFICATIONS

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

DEGREE	DATE CONFERRED	UNIVERSITY / COUNTRY

APPLICATION FEE

The application fee must be enclosed with the completed application form. This fee is non refundable whatever the outcome of the assessment. Cheques and bank drafts must be in New Zealand dollars and made out to "Psychologists Board". Payment by credit card (Visa or MasterCard) is acceptable. The application fee is NZ$100.00 including GST. The Board's GST No is 73-081-238.

☐ **Cheque/Bank Draft Payment:** My cheque / Bank draft for NZ$100.00 payable to the *"Psychologists Board"* is enclosed.

☐ **Credit Card Payment:** Please debit my ☐ Visa ☐ MasterCard - the amount of (NZ$100.00) _____

Credit Card Account Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
(Enter your credit card account number in the boxes provided)

Cardholder's Name _____

Cardholder's Signature _____ Card Expiry Date _____

SEND YOUR COMPLETED PAYMENT FORM AND FEE TO	ENQUIRIES TO
New Zealand Psychologists Board (Post) PO Box 10626, Wellington 6143, New Zealand (Courier) Level 9, Travel and Tourism House, 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