



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 "Psychologist" scope of practice. To seek registration in a vocational scope of practice ("Clinical Psychologist" or "Vocational Psychologist"), applicants need to complete the "Application for a Vocational Scope of Practice Form available" on the Board's website.

PERSONAL AND CONTACT DETAILS

(Please print clearly and complete each number below)

1. Title: Mr Mrs Ms Miss Dr _____ 2. Gender: Male Female 3. Date of Birth: _____
Other Title

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. Nationality: _____

8. Postal (Mail) Address: _____

9. Residential (Street) Address: _____

10. Work Address: _____

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

Mobile Telephone _____ Facsimile _____

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 registered as a psychologist in an Australian jurisdiction.
- 2. 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).
- 3. I am registered as a psychologist in the following Australian jurisdictions:

REGISTRATION AUTHORITY STATE/TERRITORY	REGISTRATION NUMBER	DATE REGISTERED

- 4. I hold the following qualification(s)
 Title of Qualification (1) _____
 Granting Institution _____ Date Awarded/Conferred _____
 Title of Qualification (2) _____
 Granting Institution _____ Date Awarded/Conferred _____
- 5. I am am not the subject of any preliminary investigation or action that might lead to disciplinary proceedings in any participating jurisdiction.
- 6. I am am not the subject of any complaint or disciplinary proceedings in any participating jurisdiction.
- 7. My registration is neither cancelled nor suspended in any participating jurisdiction as a result of disciplinary action.
- 8. I am am not personally prohibited from practising as a psychologist in any participating jurisdiction.
- 9. I am am not subject to any special conditions in carrying on any such occupation as a result of criminal, civil, or disciplinary proceedings in any participating jurisdiction.
- 10. I give consent to the making of inquiries of, and the exchange of information with, the authorities of any participating 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 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 _____

APPLICATION FEE PAYMENT FORM

The application fee must be enclosed with the completed application form. This fee is not refundable whatever the outcome of the application. 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.

NOTE: The Psychologists Board's GST number is 73-081-238.

The application fee for registration as a Psychologist in New Zealand under the TTMRA Act 1997 is NZ\$375.00 (including GST)

My cheque / Bank draft for NZ\$ _____ made payable to the "Psychologists Board" is enclosed.

Credit Card Payment: Please debit my Visa MasterCard credit card the amount of NZ\$ _____

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

Cardholder's name _____

Card holder's signature _____ Card Expiry Date _____

APPLICATION INFORMATION

NOTE FOR APPLICANTS: An incomplete application will not be processed by the Psychologists Board until it is declared completed by the New Zealand Psychologists Board Registrar.

1. All attachments to this application form **must be** clearly marked with the following words, "This is the attachment referred to in the Statutory Declaration of [name] declared at [location] this [] day of [] 20[]".
2. A certified **colour** passport size photograph must accompany the application form.
3. This application for registration under the Trans Tasman Mutual Recognition Act (TTMRA) 1997 is for registration in the "Psychologist" scope of practice. To seek registration with an additional scope of practice, applicants need to complete the Application for Additional Scope of Practice form.
4. Ensure the payment form is completed and your fee is attached to this form. The application fee is not refundable.
5. An incomplete application, statements or information given in this application, which is materially false or misleading, may result in deferment of the right to practice or refusal of registration.

SEND YOUR COMPLETED FORM AND FEE TO	ENQUIRIES TO
New Zealand Psychologists Board (Post) PO Box 10626 Wellington 6143 New Zealand (Courier) Level 9 T and T House 79 Boulcott Street 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