



For Office Use:
Reference
Number:

CHECKLIST FOR APPLICANTS

2

Your application pack should include these forms:



Form Number	Form Title	✓
1	Information for Applicants	
2	Checklist for applicants	
3	Application Form	
4	Fees Form	
5	Verification Request Form	
6	Transcript Request Form	
7	Authority Form	
8	Confidential Reference Request (Professional)	
9	Confidential Reference Request (Character) x2	

Is your application complete?

Have you returned to the Nursing Council?		
A completed Application Form together with the Fees form and NZ\$211.00		
A certified copy of your passport		
A certified copy of your birth certificate		
A certified copy of your marriage certificate or evidence of change of name (if applicable)		
A certified copy of your registration certificate (For UK Nurses – a copy of the Statement of Entry to the Register)		
A Curriculum Vitae – a detailed account of your post registration nursing experience		
A Certificate of Good Standing ¹ (if applicable)		
An original Police Certificate		
The verification request to your regulatory authority		
The reference request forms to your 3 referees		
The transcript request to your nursing school		

Remember to send your Fee with your application form.

¹ For applicants registered with another health professional regulatory authority.



APPLICATION FORM

3

SECTION A

Please note that the name used on this form must be your legal name. This will be the name that appears on all future correspondence with the Council.

Surname/Last Name/Family Name _____

Given Names _____

Previous Name (if changed since registration as a nurse) _____

Date of Birth day / month / year Male / Female (Please circle)

Postal Address:

Postal Address for Correspondence if different from above. This may be the address of your Agent if you have completed **Authority Form 7**

E-mail Address _____

Please indicate the scope of practice for which you are applying for registration. (Note the information on scope of practice and conditions in *Information to register as a nurse in New Zealand - Form 1, Section B*)

What is your overseas nursing registration? (for example, Registered General Nurse).

State the Country/Jurisdiction and name the regulatory authority where you hold registration as a nurse

Have you previously applied for registration or been registered as a nurse in New Zealand? (Please circle) YES / NO

If "Yes" please give registration number _____

Have you ever been registered as a nurse in Australia? (Please circle) YES / NO

If YES please indicate which State(s)/Territory _____

Please summarise your nursing programme(s) in the following table.

Nursing Programmes

Qualifications Obtained	Years Completed	Names & Addresses of Schools of Nursing	Lengths of Programmes	Names of Registration Authorities

Are you registered with any other New Zealand or overseas regulatory authority other than in nursing (eg Midwifery Council of New Zealand)?

If so, please name each authority and send them a Verification Request (Form 5).

Regulatory Authority(ies)

SECTION B - STATUTORY DECLARATION

Declaration of Competence and Fitness to Register

Please answer each question relating to your competence and fitness for registration by circling "YES" or "NO" as appropriate for each question.

1. Are you able to communicate effectively in order to practise nursing? YES / NO
 2. *Are you able to communicate in, and comprehend English sufficiently to protect the health and safety of the public? YES / NO
- *Note: Applicants with English as a second language will be required to complete an English Language Assessment prior to registration.**
3. Do you have a mental or physical condition that means you are unable to practise as a nurse? YES / NO
 4. Are you the subject of an investigation into professional matters, professional disciplinary proceedings, an order or a professional disciplinary tribunal, educational institution or a registration authority in New Zealand or any other country? YES / NO
 5. Have you been convicted of any offence against the law in New Zealand or any other country? YES / NO
 6. Are you aware of any reason why your registration may endanger public health or safety? YES / NO

I (applicant name) _____ of _____

do solemnly and sincerely declare that all the details in respect of my application for registration with the Nursing Council of New Zealand are true and correct. I understand that if information submitted to support my application for registration is found to be false or misleading, my application may be declined and the appropriate authorities notified*.

I make this solemn declaration conscientiously believing the same to be true and correct by virtue of the Oaths and Declaration Act 1957.

**Every person who commits an offence and is liable on summary conviction to a fine not exceeding \$10,000 who makes a false declaration.*

Declared at _____ this ____ day of _____ 20 _____

and signed by me _____

In the presence of: _____

Designation: _____

Please complete, sign and date this declaration in the presence of a Court Registrar, Justice of the Peace, Notary Public, Solicitor or any other person authorised to take statutory declarations (please state designation)

and affix seal here:



In accordance with the Privacy Act 1993, the information collected by the Nursing Council of New Zealand is confidential to the Council and is used for the purpose of processing an application for registration or enrolment and entering details on the register of nurses under the Health Practitioners Competence Assurance Act 2003. The applicant has the right of access to and correction of personal information held by the Nursing Council.



FEES FORM

4

Last Name

First Names

APPLICATION FEE

A total of **NZ \$211.00** is charged for processing applications for registration as a nurse in New Zealand. This payment covers the following:

Processing fee (non refundable)	\$166.00
Publication: <i>Guidelines for Cultural Safety , the Treaty of Waitangi and Maori Health</i>	\$ 15.00
Registration/enrolment fee	\$ 30.00
Total	\$211.00

Please indicate which fee payment option you have chosen:

Payment Options	✓
Cheque – drawn on a New Zealand bank	
Credit Card – details provided on next page	
International bank draft – drawn on a New Zealand bank	

Please post the payment to:

Nursing Council of New Zealand
P O Box 9644
Wellington
NEW ZEALAND

Please attach cheque payments to this form and return with your
application form

Visa and Mastercard Authorisation Form is over the page

For Office Use: 2
Reference Number:

VISA OR MASTERCARD PAYMENTS

The Nursing Council of New Zealand accepts payment by Mastercard or Visa.

If you wish to pay by Mastercard or Visa please fill in the details below.

Visa
 Mastercard
 Amount Payable: \$.....

Card Number

Expiry Date

Cardholder's Name

--

Cardholder's Signature

--

Date

--



VERIFICATION REQUEST

5

Instructions for Applicant

Please complete Section A of this form, then forward to the relevant overseas authority with which you currently are registered.

Instructions for Authority

Please complete Sections B of this form and then return directly to the Nursing Council of New Zealand, PO Box 9644, Wellington, New Zealand.

Section A - to be completed by applicant

Surname	<input type="text"/>	Previous Surname (if applicable)	<input type="text"/>
First Names (in full)	<input type="text"/>	Date of birth (day/month/year)	<input type="text" value="day / month / year"/>
Address	<input type="text"/>	Overseas authority with which registered	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Registration / Enrolment for which verification is sought (e.g. General Nurse)	<input type="text"/>

Section B - to be completed by the relevant authority

1. Please confirm below which registrations/enrolments the applicant has obtained (name of authority)

Registration/Enrolment	Registration/Enrolment No.	Date of Registration / Enrolment
<input type="text"/>	<input type="text"/>	<input type="text" value="day / month / year"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="day / month / year"/>

2. To the best of your knowledge, is the applicant subject to any investigation; or disciplinary, civil or criminal proceedings? (Please tick as appropriate)
If "yes", please attach details. YES NO

3. To the best of your knowledge, has the applicant had their registration or enrolment revoked or suspended in any manner; or had any special conditions placed on their practice? (Please tick as appropriate)
If "yes", please attach details. YES NO

4. To the best of your knowledge, does the applicant have any mental or physical conditions which mean that they are unable to perform the functions required for the practice of nursing; or are there any other factors that would impact on their fitness to practise? (Please tick as appropriate)
If "yes", please attach details. YES NO

5. The applicant has the following qualifications, which led to registration with this authority:

Qualification	Educational Institute	Date of qualification
<input type="text"/>	<input type="text"/>	<input type="text" value="day / month / year"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="day / month / year"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="day / month / year"/>

Signature	<input type="text"/>	Official seal or stamp
Name	<input type="text"/>	
Designation	<input type="text"/>	
Date	<input type="text" value="day / month / year"/>	
Address of Authority	<input type="text"/>	
	<input type="text"/>	



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TRANSCRIPT REQUEST FORM

6

Please send this Transcript Request Form to the School of Nursing/Nursing Department where you undertook your nursing programme.

PART A TO BE COMPLETED BY APPLICANT

Family Name _____ Given Names _____
 Previous Name (*If changed since registration*) _____

Date of Birth _____

Postal Address _____

Name of School of Nursing/Department of Nursing

Address _____

Years during which you undertook the programme _____

Qualification obtained _____

PART B TO BE COMPLETED BY THE SCHOOL OF NURSING

Note to Head of Department, School of Nursing/Nursing Department:

Please attach a **transcript** of the nursing programme completed by the applicant, and bearing the official imprint of that School or Department. This will be assessed in terms of its equivalence to a comparable programme in New Zealand. It is therefore necessary to include:

Theory

- Total number of classroom/laboratory/tutorial hours
- Range of theory in programme
- Details of subjects covered

Clinical/Practice Experience:

- Areas of nursing clinical practice (that is, medical, surgical, community health, primary healthcare, obstetrics, paediatric, geriatric and psychiatric)
- Number of hours/weeks of clinical practice in each area
- Include all hours which can legitimately be called theory or clinical practice hours as part of the programme
- Course outlines if full information is not included in the transcript details

Please complete the following about the programme undertaken by the applicant

	<i>(Mark X where appropriate)</i>	
School of Nursing	Hospital	<input type="checkbox"/>
	Technical Institute or College	<input type="checkbox"/>
	University	<input type="checkbox"/>
Programme Type	Diploma	<input type="checkbox"/>
	Associate Degree	<input type="checkbox"/>
	Degree	<input type="checkbox"/>
	Certificate	<input type="checkbox"/>
Language	English	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Length of programme _____

Date of entry to programme _____

Date of completion of programme _____

General Comments

Including any concession granted for any other course of study; explanation of any extended programme; number of weeks in a semester; explanation of abbreviations used in transcript; interpretation of units/points; change of name of school/department. .

Signature _____ Position _____

Name _____ Qualification _____

Date _____

Please add the stamp or seal or your organisation if available and return this form and transcript, course outlines to:

**The Registrar
Nursing Council of New Zealand
PO Box 9644
Wellington
NEW ZEALAND**

Thank you for your assistance



AUTHORITY FORM

7

Please complete and return this form to the Nursing Council of New Zealand if you nominate an agent to act as your representative for your application for registration.

I (applicant name in full) _____

hereby give authority _____

for **(Agent)** _____

of (address contact details) _____

to communicate with the Nursing Council of New Zealand on my behalf regarding my application seeking registration in New Zealand.

Signed (*applicant*) _____

Printed Name in Full _____

Address of Applicant _____

Date _____ day / month / year



**CONFIDENTIAL REFERENCE REQUEST
(PROFESSIONAL)**

8

Dear Referee

(Applicant name): _____ (Date of Birth) / / ____ has
applied for registration as a nurse in New Zealand.

The Nursing Council of New Zealand has to satisfy itself under the Health Practitioners
Competence Assurance Act 2003 that an applicant is competent and fit to be registered.

To assist the Council, would you kindly **write** a professional reference on letterhead covering
the following matters:

- 1) How long and in what circumstances you have known the applicant;
- 2) Your opinion of the character and integrity of the applicant, stating in particular:
 - (a) What reasons relating to character, integrity, reliability and diligence, in your
opinion, make the applicant suitable to register as a nurse in New Zealand
 - (b) Whether there are any factors known to you that would or might be against the
registration of the applicant in New Zealand, in particular, any professional,
competency or fitness to practise issues relating to the applicant's nursing practice; and
- 3) To your knowledge, whether the applicant has ever been convicted of any offence.

Please include your contact details.

It is Nursing Council of New Zealand policy to accept only **original, signed and dated**
references.

It would be appreciated if you would please quote the applicant's full name and date of birth
and then forward the completed original reference to:

Nursing Council of New Zealand
P O Box 9644
Wellington
New Zealand

Thank you for your assistance.

Delora Milnes
International Registrations Co-ordinator



CONFIDENTIAL REFERENCE REQUEST (CHARACTER)

9

Dear Referee

(Applicant name): _____ (Date of Birth) day / month / year has applied for registration as a Nurse in New Zealand.

The Nursing Council of New Zealand has to satisfy itself under the Health Practitioners Competence Assurance Act 2003 that an applicant is competent and fit to be registered.

To assist the Council, would you kindly **write** to me on the following matters:

- 1) How long and in what circumstances you have known the applicant;
- 2) Your opinion of the character and integrity of the applicant, stating in particular:
 - a) What reasons relating to character, integrity, reliability and diligence, in your opinion, make the applicant suitable to register as a nurse in New Zealand
 - b) Whether there are any factors known to you that would or might be against the registration of the applicant in New Zealand, in particular, any professional, competency or fitness to practise issues relating to the applicant's nursing practice; and
- 3) To your knowledge, whether the applicant has ever been convicted of any offence.

Please include your contact details.

It is Nursing Council of New Zealand policy to accept only **original, signed and dated** references.

It would be appreciated if you would please quote the applicant's full name and date of birth and then forward the completed original reference to:

International Registrations
Nursing Council of New Zealand
P O Box 9644
Wellington
New Zealand.

Thank you for your assistance.

Yours sincerely

Delora Milnes
International Registrations Co-ordinator