

Te Poari o ngā Kaihauumanu  
Hinengaro o Aotearoa

The Psychotherapists Board  
of Aotearoa New Zealand

# Application for restoration to the register of Psychotherapists

This form is for practitioners who have previously been on the Te Poari o ngā Kaihauumanu Hinengaro o Aotearoa (the Board) Register, and whose registration has been cancelled under the Health Practitioners Competence Assurance Act 2003 (HPCA Act).

PERSONAL CONTACT DETAILS	
<b>Date:</b>	
<b>Preferred title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx <input type="checkbox"/> Dr <input type="checkbox"/> Other	
<b>Full name:</b>	
<b>Date of birth:</b>	
<b>Name you wish to be called by:</b>	
<b>Any previous name/s:</b>	<b>Date of name change:</b>
If the Board does not have a record of your name change, please supply certified evidence of your name change.	
<b>Ethnicity:</b>	
<b>Postal address:</b>	
<b>Residential address (if different from postal):</b>	
<b>Work address:</b>	
<b>Telephone (work):</b>	
<b>Telephone (home):</b>	
<b>Telephone (mobile):</b>	
<b>Email:</b>	
Email is the primary means of communication by the Board to you. It is important that your email address is correct and kept up to date.	

## DECLARATIONS

To the best of my knowledge, I meet the requirements of section 16 of the Health Practitioners Competence Assurance Act in that I am fit for registration. In particular, I declare the following the following:

Have you lived overseas for 12 months or more in the last 10 years?

Yes  No

Do you have a criminal conviction history? Please note that all applicants are required to provide proof of their Aotearoa New Zealand criminal conviction history.

Yes  No

Do you have a physical or mental condition/impairment, including any alcohol substance abuse disorder, which means you are unable to perform the functions required for the practise of your profession?

Yes  No

*If yes, please provide further information on the Board's template, including the details of the condition or impairment, duration of treatment and how you manage your mental or physical condition/impairment in relation to practising psychotherapy, confirmation that your supervisor is aware of this condition/impairment and any other supports you already have in place.*

Are you or have you ever been the subject of an investigation into professional matters or professional disciplinary proceedings in Aotearoa New Zealand or another country?

Yes  No

Are you subject to an order of a professional disciplinary tribunal, training provider or registration authority in Aotearoa New Zealand or another country?

Yes  No

Are you the subject of an inquiry or review into your competence?

Yes  No

Are you under investigation by the police or have you been convicted of any offence against the law in Aotearoa New Zealand or any other country?

Yes  No

Have you ever been declined registration or had your registration as a health practitioner cancelled Aotearoa New Zealand or another country?

Yes  No

Are you aware of any reason why your registration may endanger public health or safety?

Yes  No

All of the information provided with this application is true and correct in every particular and detail.

I will provide the Board with any such further information as it may require in order to complete the process of restoration of my name to the register of psychotherapists.

I know of no information that could cause the Board not to be satisfied that I am a fit and competent person to hold a practising certificate.

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

**Signature of applicant:**

*I make this declaration in the knowledge that a false declaration may lead to disciplinary action and/or a conviction and fine (up to \$10,000) under section 172 of the Health Practitioners Competence Assurance Act 2003.*

**Restoration checklist**

This checklist must accompany your application. Please work through this list and ensure you have supplied everything. Please keep a copy for your further reference.

Please tick the boxes to ensure you have completed and included all items.

- Completed application form
- [New Zealand criminal conviction history](#)
- Certificate of good standing (if applicable)
- Certified coloured copy of photo ID (passport or driver licence)
- Statement on practise: The Board requires applicants to provide a statement or an up to date curriculum vitae detailing what the applicant has been doing professionally since they were previously registered with the Board.
- Payment