

Registration Number: \_\_\_\_\_

## APPLICATION FORM

### SECTION A – TO BE COMPLETED BY ALL APPLICANTS

Please indicate the scope of practice for which you are seeking registration:

- |  |  |
|--|--|
| <input type="checkbox"/> Diagnostic Imaging General Technologist | <input type="checkbox"/> Radiation Therapist                             |
| <input type="checkbox"/> Nuclear Medicine Technologist           | <input type="checkbox"/> Trainee Nuclear Medicine Technologist           |
| <input type="checkbox"/> Ultrasound Technologist                 | <input type="checkbox"/> Trainee Ultrasound Technologist                 |
| <input type="checkbox"/> Magnetic Resonance Imaging Technologist | <input type="checkbox"/> Trainee Magnetic Resonance Imaging Technologist |

This is:

- Your first application for registration with the Medical Radiation Technologists Board  
 An application for an additional scope of practice

### PERSONAL DETAILS

Title (please circle)	Dr / Mr / Mrs / Miss / Ms
First Name	
Middle Name(s)	
Surname	
Previous Name(s)	
Date of Birth – DD/MM/YYYY	
Gender (please circle)	Male / Female
Preferred Email Address	
Other Email Address	
Residential Telephone	
Mobile Telephone	
Work Telephone	

### RESIDENTIAL ADDRESS DETAILS


**POSTAL ADDRESS DETAILS** (if different from Residential Address)


**WORK ADDRESS DETAILS**


**CRIMINAL CONVICTION RECORD**

*NB: A conviction will not necessarily preclude the granting of registration. The Board will consider any convictions on a case-by-case basis. If you have a conviction, please provide a letter about your conviction to accompany your application.*

**New Zealand applicants:**

- I attach a Record of Criminal Convictions from the NZ Ministry of Justice. *An application form can be downloaded from <http://www.justice.govt.nz/services/get-a-copy-of-your-criminal-record>*  
*NB: Do not have the report sent directly to the Board. It should be included with your application. The record of Criminal Convictions must be issued within six months prior to the date of your application.*

**Overseas applicants (excluding TTMRA applicants):**

- I attach a Police Clearance Certificate, or equivalent, from every country in which I have resided for one year or more, from the age of 16. ***The document must be an original or certified copy and must be issued within six months prior to the date of your application.***

**TERTIARY EDUCATION** (please provide a certified copy of your qualification(s))

<b>(i) Qualification</b>	
<b>Granting Institution</b>	
<b>Country</b>	
<b>Graduation Date:</b>	
<b>Scope of Practice this qualification applies to</b>	
<b>(ii) Qualification</b>	
<b>Granting Institution</b>	
<b>Country</b>	
<b>Graduation Date:</b>	
<b>Scope of Practice this qualification applies to</b>	

## CERTIFICATES OF GOOD CHARACTER (see Certificate of Good Character form)

You must provide two Certificates of Good Character that have been completed by persons unrelated to you, and one of whom is a practising medical radiation technologist.

<b>Referee Name (i)</b>	
<b>Address</b>	
<b>Referee Name (ii)</b>	
<b>Address</b>	

## PRIVACY

Under the terms of the Privacy Act 1993, the Board may not discuss your application with any person without your authorisation. You may nominate any person whom you wish to contact the Board on your behalf, e.g. a friend, relative, prospective employer or recruitment consultant.

<b>Contact Person</b>	
<b>Address/Telephone Number</b>	
<b>Your Signature</b>	

## PASSPORT-STYLE PHOTOGRAPH

Please attach one passport-style photograph of yourself below. Please write your name and the date on the back of your photograph.



**NEW ZEALAND TRAINED APPLICANTS – GO TO SECTION D**  
**TTMRA APPLICANTS – GO TO SECTION B**  
**OVERSEAS TRAINED APPLICANTS – GO TO SECTION C**

## SECTION B – TO BE COMPLETED BY TTMRA APPLICANTS ONLY

Applicants registered in Queensland, Western Australia, Tasmania, Victoria and Northern Territory may apply for registration in New Zealand under the Trans Tasman Mutual Recognition Act (TTMRA) 1997.

**Please note that TTMRA only applies for registration in the following scopes of practice:**

Diagnostic Imaging General Technologist  
Radiation Therapist  
Nuclear Medicine Technologist

***For other scopes of practice, please apply as an overseas applicant***

REGISTRATION AUTHORITY STATE/TERRITORY	REGISTRATION NUMBER	DATE REGISTERED

## TTMRA APPLICANTS – GO TO SECTION D

## SECTION C – TO BE COMPLETED BY OVERSEAS TRAINED APPLICANTS ONLY

**CLINICAL EXPERIENCE** (please continue on a separate page if necessary)

<b>Name of Hospital or Clinic</b>	
<b>Period of Experience</b>	
<b>Total Months</b>	
<b>Main Area of MRT Responsibility</b>	
<b>Equipment Used</b>	

## ENGLISH LANGUAGE REQUIREMENTS

Communicating with patients, medical staff and colleagues is a core competency required of a medical radiation technologist. If your medical radiation technology training was carried out in a language other than English, you will need to provide the Board with evidence that you are proficient in English, prior to registration being approved. The Board accepts results in the academic version of the IELTS. You must attain an overall score of no less than 7.5, and band scores of no less than 7 in any category of the academic version of the IELTS. Your IELTS results must be no more than two years old.

## SECTION C CONTINUED – TO BE COMPLETED BY OVERSEAS TRAINED APPLICANTS ONLY

### INFORMATION REQUIRED ABOUT YOUR QUALIFICATION

Please provide **three** unbound hard copies of your full course syllabus, relevant to your years of study.  
You will need to request this from your educational institution.

The information detailed below will need to be provided by the education institution which provided the qualification programme. Please ensure the information provided is a **certified** copy, that is, it is signed by the education provider as being a true and correct record.

- Title of the qualification programme
- Name of the provider of the qualification programme
- Name of contact person and position (if known)
- General outline of the programme and how it is structured including:
  - The year(s) the enclosed curriculum information relates to
  - Number of years it takes to gain this qualification
  - Subjects studied
  - Identification of compulsory and optional subjects
  - Details of self-directed learning opportunities
  - How students gain clinical experience
- Individual course prescriptions with learning outcomes including:
  - Subject names and the topics studied within each subject area
  - The learning outcomes and level of study for the student in each subject area
  - The number of credits/hours of study required for each subject area
- Description of how students' academic knowledge is assessed and how the assessments align to the level of study.
- Examples of marked assessments or marking criteria (if available)
- Description of the clinical component of the programme (for example):
  - Clinical work experience
  - Clinical tutorials
  - Time spent in clinical practice
  - Record of clinical work
  - Self-evaluation of clinical competency and experience
  - Supervision of students during clinical practice
- Description of how the programme assesses the student's clinical competency

**GO TO SECTION D**

## SECTION D – TO BE COMPLETED BY ALL APPLICANTS

### CHECKLIST:

Please ensure you have completed the application form and enclosed the following documentation:

#### FIRST TIME APPLICANT:

- All relevant sections have been completed
- Declaration on Page 7 has been signed and dated
- Original/certified copy of qualification(s)
- Original/certified copy of qualification transcript(s) (excluding New Zealand new graduates)
- Record of Criminal Convictions and/or Police Clearance Certificate
- Two completed Certificates of Good Character
- Detailed Curriculum vitae
- Passport style photograph
- Payment Form completed and payment (cheque or credit card)

#### TRAINING SCOPE OF PRACTICE:

- All relevant sections have been completed
- Declaration on Page 7 has been signed and dated
- Name of clinical site and supervisor
- Evidence of course enrolment
- Detailed Curriculum vitae

Please note that if you are undertaking a post graduate diploma in Ultrasound or MRI that does not contain a clinical component, you will be required to complete 3360 clinical hours and undergo a Registration Examination Assessment Examination (REA). There is an additional cost of \$2,000.00 for this examination.

#### ADDITIONAL SCOPE OF PRACTICE:

- All relevant sections have been completed
- Declaration on Page 7 has been signed and dated
- Evidence of completing 3360 clinical hours
- Original/certified copy of qualification(s)

## DECLARATION

<b>I Declare:</b> (please tick as appropriate)
<input type="checkbox"/> I have previously not had an application for registration declined by a professional body or registration authority.
<input type="checkbox"/> I understand that the Board is authorised to obtain further information from me or any other person or organisation covering this application under the Health Practitioners Competence Assurance Act 2003 and consent to the collection of such information by the Board.
<input type="checkbox"/> I understand that although the provision of information by me is voluntary, if I refuse to provide information this may affect the Board's consideration of my application.
<input type="checkbox"/> I understand that I am entitled to access information held by the Board regarding this application by request in writing and that I may request to correct information which is not correct.
<input type="checkbox"/> I understand that if I am registered I will be subject to practice in accordance with the code of ethics and I will be required to demonstrate continued competence each time I apply for an annual practising certificate.
<input type="checkbox"/> I understand that if I am registered some of my registration information will be shared with the Ministry of Health for statistical purposes and the Health Practitioners Index.
<input type="checkbox"/> I have read and understood the registration information applicable to me.
<input type="checkbox"/> I understand that the application fee is non-refundable.
<input type="checkbox"/> I declare that all statements made by me on this application are true and correct in every particular.
<input type="checkbox"/> I believe to the best of my knowledge that I am competent and fit to practise and I am not aware of having any mental or physical conditions that may compromise my competence.
<input type="checkbox"/> I do not have any criminal convictions recorded against my name and there are no criminal charges pending punishable by imprisonment for a term of 3 months or longer.

**Note:** Under section 172 of the Health Practitioners Competence Assurance Act 2003, any person who commits an offence if they make any declaration or representation that, to their knowledge, is false or misleading, may be liable on summary of conviction to a fine not exceeding \$10,000.00.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Applicant's Full Name**

\_\_\_\_\_  
**Date**

**Medical Radiation Technologists Board**

Physical Address:  
Level 7, Sovereign House, 34-42 Manners Street, Wellington, New Zealand

Postal Address:  
PO Box 11 905, Manners Street, Wellington 6142, New Zealand

Telephone (64 4) 801 6250  
Facsimile: (64 4) 381 0270  
Email [mrt@medsci.co.nz](mailto:mrt@medsci.co.nz)  
Website: <http://www.mrtboard.org.nz>