

APPLICATION FOR REGISTRATION

SECTION A – TO BE COMPLETED BY ALL APPLICANTS

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

- Diagnostic Imaging General Technologist
 Radiation Therapist
 Nuclear Medicine Technologist
 Sonographer
 Magnetic Resonance Imaging Technologist
 Trainee Nuclear Medicine Technologist
 Trainee Sonographer
 Trainee Magnetic Resonance Imaging Technologist

This is a: New Scope of Practice An Additional Scope of Practice (tick as appropriate)

Dr/Mr/Mrs/Miss/Ms (circle)

First/Christian Names:

Family Name/Surname:

Previous names you have used:

(Please provide a certified copy of official document)

Gender: Male / Female

Date of Birth: / /

Residential Address:

Postal Address: (if different from above)

Work Address:

Work phone: Home phone: Mobile phone:

Email Address:

CRIMINAL CONVICTION RECORD

Please enclose a police certificate from your country of residence **and** any country you have lived in for 12 months or more in the past 10 years, including where you have made more than one visit to a country. The certificate should inform the Board about any convictions you might have had. Please visit NZ Immigration's website www.immigration.govt.nz for information on how to obtain a police certificate in your country.

Have you ever been convicted of an offence punishable by imprisonment for a term of 3 months or longer?
Yes / No (if yes, please give brief details)

For office use:

TERTIARY EDUCATION

(i) Qualification:

Granting Institution :

Country: Graduation Date:

Scope of Practice this qualification applies to:

(ii) Qualification:

Granting Institution :

Country: Graduation Date:

Scope of Practice this qualification applies to:

(iii) Qualification:

Granting Institution :

Country: Graduation Date:

Scope of Practice this qualification applies to:

Please provide a certified copy of your degree.

CERTIFICATE OF GOOD CHARACTER (See Certificate of Good Character form)

Two references are required to provide evidence of your personal character. Please state the names of your referees, one of whom must be a practising Medical Radiation Technologist.

Referee Name: (i).....

Address:

Referee Name: (ii)

Address:

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.

Contact person:

Address / telephone number:

Your signature:

New Zealand Trained Applicants – go to Section B
TTMRA Applicants – go to Section C

Overseas Qualified Applicants – go to Section D

SECTION B: NEW ZEALAND TRAINED APPLICANTS ONLY

DECLARATION

I believe to the best of my knowledge that I am competent and fit to practice and I am not aware of having any mental or physical conditions that may compromise my competence; and

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; and
(If you do have criminal convictions, has the Board been notified of them?)

I declare that the information included in this application form is true and correct.

Applicant's signature.....Date.....

As a New Zealand graduate you should also apply for an annual practising certificate. A form is available on the website (www.mrtboard.org.nz)

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

- All sections of Pages 1- 2 have been completed
- Declaration has been signed and dated
- Original/certified copy of qualification
- Two completed Certificates of Good Character
- Payment Form completed and payment (cheque or credit card)
- Evidence of name change (if applicable)

TRAINING SCOPE OF PRACTICE:

- All sections of Pages 1- 2 have been completed
- Declaration has been signed and dated
- Name of clinical site and supervisor
- Curriculum vitae

ADDITIONAL SCOPE OF PRACTICE

- All sections of Pages 1- 2 have been completed
- Declaration has been signed and dated
- Evidence of completing 3360 clinical hours
- Original/certified copy of qualification

SECTION C – 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

STATUTORY DECLARATION

I, _____
(Applicant's Full Name)

do solemnly and sincerely declare that:

1. I am applying for registration as a medical radiation technologist in New Zealand; and I am registered as a medical radiation technologist 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 medical radiation technologist in the following Australian jurisdictions:

| REGISTRATION AUTHORITY STATE/TERRITORY | REGISTRATION NUMBER | DATE REGISTERED |
|----------------------------------------|---------------------|-----------------|
| | | |
| | | |

4. I am am not the subject of any preliminary investigation or action that might lead to disciplinary proceedings in any participating jurisdiction.
5. I am am not the subject of any complaint or disciplinary proceedings in any participating jurisdiction.
6. My registration is neither cancelled nor suspended in any participating jurisdiction as a result of disciplinary action.
7. I am am not personally prohibited from practising as a medical radiation technologist in any participating jurisdiction.
8. 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.
9. 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 medical radiation technology or any other matters relevant to this application.

10. I attach the original or a certified copy of my current practising certificate / license or other document evidencing current entitlement to practice medical radiation technology.

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

Full Name _____ Signature _____
(Full Name of Applicant) (Signature of Applicant)

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 _____

- Notes:**
1. 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 [] 200[]."
 2. 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 any District Court, authorised officer in the service of the Crown, or any member of Parliament).
 3. 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.

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

- All sections of Pages 1- 2 have been completed
- Declaration has been signed and dated
- Original/certified copy of qualification
- Two completed Certificates of Good Character
- Certified copy of registration with an Australian registration Board
- Current curriculum vitae
- Payment Form completed and payment (cheque or credit card)
- Evidence of name change is enclosed (if applicable)

SECTION D – OVERSEAS APPLICANTS ONLY

ENGLISH LANGUAGE COMMUNICATION AND COMPREHENSION

Was your training course taught in English Yes/No

If "No" please supply evidence that you have attained an IELTS (International Language Test System) average score of 7.5 or greater in the academic version of IELTS

QUALIFICATION ASSESSMENT

If your qualification is not among those approved as being substantially equivalent to the relevant New Zealand qualification prescribed by the Board, your course syllabus will be sent for assessment by a Board-approved qualifications assessor. For further information either contact the Registration Manager at the address below or refer to the Board's website (www.mrtboard.org.nz)

REGISTRATION DETAILS

Registration Board currently registered with:

Date of Registration:

Previous Board registered with:

Date of Registration:

Have you ever been refused an Annual Licence/Practising Certificate: Yes / No

If 'Yes' please state reasons:

CLINICAL EXPERIENCE

| Name of Hospital / Clinic / Practice / University / Polytechnic | From: day-month-year | To: day-month-year | Total Months | Main Area of MRT Responsibility | Equipment Used |
|-----------------------------------------------------------------|----------------------|--------------------|--------------|---------------------------------|----------------|
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| | | | | | |

Continue on a separate sheet of paper if necessary.

STATUTORY DECLARATION

I, _____
(Applicant's Full Name)

do solemnly and sincerely declare that:

1. All of the information provided with this application is true and correct in every particular and detail.
2. I will provide the Medical Radiation Technologists Board with any such further information as it may require.
3. I am fit for registration as defined under the Health Practitioners Competence Assurance Act 2003
4. I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.
5. I know of no information that could cause the Medical Radiation Technologists Board not to be satisfied that I am a fit and competent person to be registered.

SIGNED BY: Name _____
(Full Name of Applicant) (Signature of Applicant)

Declared at: _____ this _____ day of _____ 20

IN THE PRESENCE OF: Name _____
(Full Name of Witness) (Signature of Witness)

Address: _____

Occupation: _____

Declared at: _____ this _____ day of _____ 20

This statutory declaration must be declared before a Justice of the Peace, Notary Public or Solicitor or other person authorised to take a statutory declaration in your country.

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

- All sections of Pages 1- 2 have been completed
- Declaration has been signed and dated
- Original/certified copy of qualification
- Two completed Certificates of Good Character
- Certificate of Good Standing from the overseas Board/registration authority you are currently registered with
- Copy of your annual practising certificate issued from the overseas Board/registration authority you are registered with
- Copy of the full course curriculum (in English) of your qualification programme
- One certified passport-style photograph
- Payment Form completed and payment (cheque or credit card)
- Evidence of name change is enclosed (if applicable)