



Application for registration in New Zealand

Part B: This form is to be accompanied by

Part A [checklist] and Form REG3 [employer]

REG1 – January 2009
For office use only
Reference No:

PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

- All sections of this form are to be completed, and documentation and application fee attached, before **sending to your employer**. Your employer will complete the application (Form REG3) (required for all except for New Zealand and Australian doctors) and send it to the Council office.
- The information on this form is to enable Council to consider whether you should be entered on the medical register, and, if so registered, to maintain a summary of your employment and registration details. This is personal information in terms of the Privacy Act 1993 and you may therefore apply to view it at any time and correct it if necessary.
- If your application is approved and you are registered, items marked with ⚙ will appear on the medical register.
- The medical register is a public document. It also shows your registered scope of practice, any conditions on your scope, your practising certificate details and any suspension from the register, including conditions relating to that suspension. If you do not wish your address to appear in the medical register you must notify the Council in writing.
- Items marked ⚙, and those marked ⚙⚙ will be made available to the Ministry of Health under a data provision agreement for the purposes of the Health Practitioners Index.

SECTION 1 - Personal identification details

(i) **Name** - Show given names from your passport or birth certificate, unless your name has been legally changed (e.g., by deed poll)

⚙ Family name _____

⚙ Given names _____

⚙ Other names (unmarried name, name change, alias etc) _____

If names differ from those on your medical qualifications or passport, please tick box to show reason.

marriage deed poll common use other (explain)

(ii) **Identification** – This information may be disclosed to overseas registration authorities to verify your identity.

⚙⚙ Date of birth (day, month, year)
/ /

⚙⚙ Gender Male Female

(iii) **Contact details** – All written communications will be sent to your contact address. Please print clearly.

Contact address _____

Email address _____

Phone _____

Fax _____

Other (*mobile*) _____

(iv) Qualifications – a) qualification obtained on completion of a primary medical degree course and b) postgraduate medical qualification obtained on completion of postgraduate training (if		
a) Name of primary medical qualification	⊛ Abbreviation	
⊛ Year graduated	⊛ Graduating university	Country
b) Name of postgraduate medical qualification		⊛ Abbreviation
⊛ Year awarded	⊛ Awarding university/college	Country

SECTION 2 – Fitness for registration

This information is required (Section 16 of HPCAA) to ensure that no person is registered as a doctor in New Zealand whose previous or current competence, health or conduct may risk public health or safety.

(i) English communication and comprehension

(a) Is English your? First language/Mother Tongue Second language Other

(b) If you sat IELTS **BEFORE** 1 February 2009 (within the last two years), did you achieve an overall band of 7.5, scoring at least 7 in the four individual components in the Academic Module?

Yes No

OR

If you sat IELTS **AFTER** 1 February 2009 (within the last two years), did you achieve a minimum of 7.0 in the components of Reading and Writing and a minimum of 7.5 in the components of Listening and Speaking in the Academic Module?

Yes No

(ii) Mental and physical condition

Have you ever been or are you now affected by any mental or physical condition or impairment with the capacity to affect your ability to perform the functions required for the practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.

Yes No ▶ If No, please go to question (iii)

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner, involvement of university/medical school.

If yes, can the Council's Registrar contact your treating practitioner(s) for further information?

Yes No

Please note that if you answer 'No' your application for registration may be delayed while advice is obtained from Council's Health Committee.

(iii) Conduct/character

(a) **Convictions** - Has any court in New Zealand or elsewhere convicted you of any offence punishable by imprisonment of three months or longer? If yes, please attach a certified copy of your conviction notice(s).

Yes No

(b) **Professional conduct** - If you answer yes to any question please provide full details on a separate sheet.

(i) Did you, for any reason, have any time when you were not participating in your medical degree programme for more than two months?

Yes No

(ii) Are you now (or have you ever been) the subject of university disciplinary proceedings?

Yes No

(iii) Are you currently, or have you ever been, the subject of an investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings?

Yes No

(iv) Are you currently (or have you ever been) the subject of civil proceedings related to competence or negligence issues?

Yes No

(v) Have you ever been refused medical indemnity insurance cover or had your premiums raised because of professional conduct, competence or negligence related claims?

Yes No

(vi) Have you ever breached any code of ethics relating to boundary issues regarding patient relationships?

Yes No

(vii) Are you currently (or have you ever been) the subject of an order of any of the following:

New Zealand Health Practitioners Disciplinary Tribunal? Yes No

Overseas medical disciplinary tribunal or similar tribunal? Yes No

Medical Council of New Zealand or similar registration authority overseas? Yes No

(iv) Professional competence- If you answer yes to any of the following questions please provide full details on a separate sheet.

(i) Are you currently (or have you ever been) the subject of a competence enquiry with a registration authority or employer?

Yes No

(ii) Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising privileges restricted?

Yes No

(iii) Have you ever had your medical licence, certificate of registration or permit to practise medicine suspended, restricted or revoked?

Yes No

(iv) Have you ever voluntarily surrendered your medical licence, certificate or registration or permit to practise medicine for any reason other than avoidance of a renewal fee?

Yes No

(v) Have you ever had conditions imposed on your registration?

Yes No

(vi) Have you ever had conditions imposed on your licence/practising certificate or equivalent?

Yes No

(vii) Have you ever been refused a licence/practising certificate or equivalent?

Yes No

SECTION 3 – Medical training, work experience, registration history and referees

(i) Postgraduate experience (first 12 months work as a qualified medical practitioner)

Did you complete a supervised rotating internship after finishing your medical degree?

Yes, please provide details below No

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

(ii) Basic medical training and or experience (2nd year out of medical school until starting specialist training)

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

(iii) Advanced specialist training (accredited training programme where performance is assessed and qualification is awarded after final examination)

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

(iv) Specialist or consultant practice/experience (independent practice after completing specialist training)

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

(v) Academic practice/experience					
Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

(vi) Professional referees – Please provide details of three referees Council can ask for information on your fitness and competence to practise medicine.

(i) Title and name _____

Address _____

Relationship to you _____

Dates worked together From: _____ To: _____

Phone _____ Fax _____ Email _____

(ii) Title and name _____

Address _____

Relationship to you _____

Dates worked together From: _____ To: _____

Phone _____ Fax _____ Email _____

(iii) Title and name _____

Address _____

Relationship to you _____

Dates worked together From: _____ To: _____

Phone _____ Fax _____ Email _____

(vii) Current registration – Please give details of all medical registration/licensure in other countries.

Country/State	Date registered (from-to)	Registration status

SECTION 4 – Employment and declaration

(i) Proposed employment in New Zealand

Have you been appointed to a position as a doctor in New Zealand?

Yes, please provide details below, and attach a letter of appointment

No

Place of work _____

Contact person _____

Level of appointment _____

Supervisor _____

Proposed length of employment From / / to / /

(ii) Declaration

I hereby certify that I am the person who is applying for registration as a medical practitioner in New Zealand, that I am the person named in the qualifications listed on this application, and that the information I have given above is true and correct.

I understand that the information that I have provided is to be used by Council and its agents for the purposes of considering my application, and may be disclosed to agents of the Council for these purposes.

I understand that Council is authorised under the HPCAA to obtain further information from me or any other person or organisation concerning this application and I consent to the collection of such information by the Council or its agents subject to Council notifying me of the person who will be contacted and of the questions that will be asked of them. I further understand that although the provision of any information by me is voluntary, refusal to provide any information may affect Council's consideration of my application.

I understand that I am entitled to access the information held by Council regarding this application by a request in writing and that I may request correction of any information which is not correct.

I undertake to inform myself of my responsibilities as a registered medical practitioner in New Zealand and to abide by established codes of professional ethics or conduct and patients' rights.

Section 172 of the HPCAA states that it is an offence for a person to make false or misleading declarations and representations in relation to any information that is relevant to Council, the Health Practitioners Disciplinary Tribunal or a Professional Conduct Committee. A person may be liable on summary conviction to a fine not exceeding \$10,000.

Applicant's signature _____

Date _____

SECTION 5 – Fees

Fee payable NZ \$425.00

Please note the application fee is non-refundable.

Cheque enclosed

Credit card option

Visa

Mastercard

Card number

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Expiry date

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Name on card _____

Cardholder's signature _____

Date _____