



Application for restoration to the New Zealand medical register

REG6- July 2008
Registration No.

Level 13 Mid City Tower, 139-143 Willis Street, PO Box 11-649, Wellington, New Zealand
Telephone 64-4-384 7635, 0800 286 801, Fax 64-4-385 8902

PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

- All sections of this form must be completed, and appropriate documentation included, before sending to the Council office. Incomplete applications WILL NOT be processed.
- The information on this form is to enable Council to consider whether you may be registered and, if so, maintain a record of your employment and registration in New Zealand. 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.
- Items marked 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 nominated address to appear in the medical register you must notify Council in writing.
- Items marked in addition to 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 (eg, 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**

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

Gender Male Female

(iii) **Address** - Section 140 of the Health Practitioners Competence Assurance Act 2003 (HPCAA) requires you to provide Council with your current postal address, residential address and work address. Please nominate the address you want as your registered address. All communications will be sent to your registered address. You may not use more than one address as your registered address. Please make sure you clearly print in BLOCK letters in full. Your phone/fax/email details are not public information and will not be released or published.

Postal address (tick for registered address)

Residential address (if differs from above) (tick for registered address)

<input checked="" type="checkbox"/> Work address <input type="checkbox"/> (tick for registered address)	
Phone Number	
Fax Number	
Other (mobile/locator)	
Email	

(iv) Qualification - PRIMARY qualification obtained on completion of a primary medical degree course.

Name of primary medical qualification	<input checked="" type="checkbox"/> Abbreviation
<input checked="" type="checkbox"/> Year graduated	<input checked="" type="checkbox"/> Graduating university

(v) Registration history in New Zealand

Have you been registered with the Medical Council of New Zealand before?

Yes Please continue.

Registration type:	General <input type="checkbox"/>	Vocational <input type="checkbox"/>	Branch <input type="checkbox"/>	_____
	Provisional general <input type="checkbox"/>	Provisional vocational <input type="checkbox"/>	Branch <input type="checkbox"/>	_____
Registration number	_____			
Date last practised in New Zealand	____ / ____ / ____			

No Your application cannot proceed

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

(ii) 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 either question (i), (ii) or (iii) 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

(iii) 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 – Employment and declaration

Proposed employment in New Zealand - Please attach letter of appointment.

Place of work _____

Contact person _____

Proposed length of employment From / / to / /

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 above qualifications, 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 to obtain further information from me or any other person or organisation concerning this application under the HPCAA and 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, for your information.

Section 172 states that it is an offence for a person to make false or misleading declarations and representations in relation to any

Applicant's signature _____ Date _____

SECTION 4 – Documents

Checklist – Please use the checklist below to make sure you have completed all sections of the application form and enclosed all the documents required, as **incomplete applications will not be processed.**

- | | |
|---|---|
| <input type="checkbox"/> Application form, all sections completed | <input type="checkbox"/> Evidence of continuing medical education |
| <input type="checkbox"/> Letter of appointment | <input type="checkbox"/> Current curriculum vitae |
| <input type="checkbox"/> Copy of certificate of good standing (issued within previous three months) | <input type="checkbox"/> Three recent references from senior medical colleagues familiar with your current clinical practice (refer to RP9 referee) |
| <input type="checkbox"/> Application form, all sections completed | <input type="checkbox"/> Passport – copy of identity page(s) |
| <input type="checkbox"/> CPD1 Form | |

And if applicable **certified copies** of:

- | | |
|---|--|
| <input type="checkbox"/> Evidence of name change(s) | <input type="checkbox"/> Conviction notice(s) |
| <input type="checkbox"/> Relevant medical reports | <input type="checkbox"/> Disciplinary findings/decisions |

If you have an approved Australasian post-graduate qualification and you are applying for restoration in a vocational scope:

- | | |
|--|--|
| <input type="checkbox"/> Evidence that you are in good standing with your branch advisory body | <input type="checkbox"/> Evidence that you have rejoined your branch advisory body recertification programme |
|--|--|