



Application for Registration

under the Trans-Tasman Mutual Recognition Act 1997

PLEASE PRINT CLEARLY

STATUTORY DECLARATION

I,

Given/First/Names:

Family Name/
Surname:

Previous Name:

Gender:

Work Address:

Residential Address:

Postal Address:

Date of Birth:

Phone:

Fax/Email:

OFFICE USE

Date application received:

Date received by Registrar:

Fee banked stamp:

Date application approved:

Signed:

STATUTORY DECLARATION / continued

solemnly and sincerely declare that:

1. (a) I apply for registration as a podiatrist in New Zealand.
(b) I am registered as a podiatrist 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 podiatrist in the following Australian jurisdictions:

State/Territory:

Registration No:

Date Registered To:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

4

Qualifications:

Qualification held (*full name*)

Granting Institution

Date of Graduation

Qualification held (*full name*)

Granting Institution

Date of Graduation

Qualification held (*full name*)

Granting Institution

Date of Graduation

5. (a) I am not the subject of any preliminary investigations or action that might lead to disciplinary proceedings in any participating jurisdiction.
(b) I am not the subject of any 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 not otherwise personally prohibited from practising podiatry in any participating jurisdiction, and I 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.
8. Please tick one:
 - I am not subject to special conditions in practising.
 - I am subject to special conditions in practising.

Please detail any special conditions (*attach any further information*):

STATUTORY DECLARATION / continued

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 podiatry, or any other matters relevant to this application.
10. I attach the original or a certified copy of my current practising certificate/licence or other document evidencing current entitlement to practise podiatry.

Name:

Name of person making declaration:

Signature:

Declared at:

(location) this

day of

20

Before me

Name:

Name of person authorised to take a statutory declaration:

Signature:

Designation/Title:

Please note there should be annexures with this Statutory Declaration you will need to sign and reference as follows:

"This is the attachment referred to in the Statutory Declaration of [name] declared at [location] this [] day of [] [20__]".

Note: 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 (Justice of the Peace, solicitor, notary public, Registrar or Deputy Registrar of the High Court or any District Court, authorised officer in the service of the Crown, any member of Parliament).

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.

NOTES/CONTACT DETAILS

1. Please post your application to:
The Registrar
Podiatrists Board
PO Box 10-140
Wellington
New Zealand
or courier to:
Level 3
Freemason House
195-201 Willis Street
Wellington
2. If you have any queries, please contact the Registrar on:
Ph: (64 4) 474 0706 Fax: (64 4) 474 0709 Email: registrar@podiatristsboard.org.nz
3. Please complete payment form.
4. All attachments to this application form must be clearly marked with the following words:
"This is the attachment referred to in the Statutory Declaration of [name] declared at [location] this [] day of [] [20__]".
5. An incomplete application, statements or information given in this application which are materially false or misleading may result in postponement or refusal of registration.

NB: Incomplete applications including omission of payment of the appropriate fee will not be accepted by the Board resulting in deferment of the right to practise.

PLEASE REFER TO FOLLOWING PAGE FOR REGISTRATION APPLICATION FEE

REGISTRATION APPLICATION FEE

(Board GST No 73-081-173)

Application for registration under Trans-Tasman Mutual Recognition Act 1997 \$800.00

Please note that the Board does not issue invoices for the registration fee.

PAYMENT

Podiatrists Board GST No. 73-081-173

Enclosed is my cheque / bank draft for made payable to the "Podiatrists Board".

Credit Card: Please debit my *(tick one)* Visa MasterCard

Card Number

Expiry Date Amount (NZ\$)

Cardholder's Name

Cardholder's Signature

Please note this fee is non refundable.

Information on applying to register

under the Trans-Tasman Mutual Recognition Act 1997

Background

In August 1997 the New Zealand Parliament enacted the Trans-Tasman Mutual Recognition Act. This Act came into force by Order-in-Council on 1 May 1998. It recognises the regulatory standards adopted in Australia regarding goods and occupations.

Mutual Recognition Principle

The Act allows persons registered in Australia and New Zealand who practise substantially the same registered occupations, to move freely between both countries. For those professions where there is State registration in Australia, participation in this process applies to New Zealand and those States, which have enacted similar legislation.

If you are registered to practise podiatry or an equivalent occupation in a participating Australian jurisdiction, you are entitled to seek registration in the equivalent occupation in New Zealand. This right is exercised by giving a written notice in the form of a statutory declaration, paying the application fee, and providing evidence of entitlement to practise in your occupation by supplying a current practising certificate/licence or other document evidencing current entitlement to practise podiatry.

Trans-Tasman Mutual Recognition, therefore, provides an alternative avenue for obtaining registration in New Zealand.

Application Process

Within one month of your written notice, details, and fee being received by the Podiatrists Board, your application for registration will either be granted, postponed, or refused.

The Board makes inquiries of the authorities of any jurisdictions in which you are registered to ensure that the information supplied on your application form is correct, and to establish whether there are any conditions or restrictions relating to your registration in those jurisdictions.

The Board makes inquiries of the authorities of any jurisdictions in which you are registered regarding your activities in podiatry and any matters relevant to your written notice.

The Board may postpone or refuse the grant of registration if:

- (1) Any of the statements or information in the notice required by section 19 are materially false or misleading; or
- (2) Any document or information required by section 19 is materially false or misleading; or
- (3) Any document required by section 19 has not been provided; or
- (4) The Board determines that the occupation in which registration is sought is not an equivalent occupation, and that equivalence cannot be achieved by the imposition of conditions.
- (5) The circumstances of the applicant have materially changed since the date of the notice or the date it was given.

Pending the grant or refusal of registration, you are deemed to be registered and are entitled to practise podiatry in New Zealand. The Board may impose conditions on deemed registration to achieve equivalence of occupations, to match conditions that apply to your registration in an Australian jurisdiction, or to implement the Trans-Tasman Mutual Recognition principle in relation to occupations.

Deemed registrants are notified of the Board's decision within one month of their date of giving written notice. There is a right of review of the Board's decision to impose conditions on, or to postpone the grant of, or to refuse the grant of registration.

If the Board grants you registration, it may impose conditions to achieve equivalence of occupations, or to match conditions that apply to your registration in an Australian jurisdiction, or to implement the Trans-Tasman mutual recognition principle in relation to occupations. Once granted, registration takes effect as if it had been granted immediately on the giving of the written notice.

Continued

Health Practitioners Competence Assurance Act 2003 (HPCA Act 2003)

The HPCA Act 2003 purpose is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their profession. Once you are registered you will have the same rights and responsibilities as other practitioners on the register under the framework of the HPCA Act. Practitioners can view the legislation on www.legislation.govt.nz under Statutes – Health Practitioners Competence Assurance Act 2003.

The Podiatrists Board is required under part 6 section 138 to register certain information about a practitioner, this includes the practitioners name, qualifications, scope of practice, any change to the scope of practice, whether the practitioner holds an annual practising certificate, or interim practising certificate, any other matters eg: address information the authority thinks fit. Though you are not applying to register under the HPCA Act the Podiatrists Board would appreciate information on your qualifications see question 4.

Practitioners who are registered under the TTMRA Act are, like all registered practitioners, required to apply for an Annual Practising Certificate under the HPCA Act. There is a separate fee for an APC. A form will be sent to you with your letter of registration. As part of the form you will be asked to make declarations as to your competence.

A scope of practice is endorsed on your APC in accordance with the HPCA Act. The scope of practice describes the health services that the practitioner is permitted to perform.

The New Zealand Podiatrists Board has authorised the following scope(s) of practice for practitioners practising in New Zealand.

PLEASE NOTE:

If you wish to practice in New Zealand in any of the Board's scopes of practice other than Podiatrist, you must also complete the "Application to Register within a Scope of Practice" form that is available either from the Board or at the Board's website www.podiatristsboard.org.nz

PODIATRISTS BOARD: SCOPES OF PRACTICE

PODIATRIST

A registered primary health care practitioner (including those previously registered as a chiropodist) who utilises medical, physical, palliative and surgical means other than those prescribed in the Podiatric Surgeon Scope of Practice, to provide diagnostic, preventative and rehabilitative treatment of conditions affecting the feet and lower limbs.

Qualification

A Bachelor of Health Science in Podiatry from an accredited New Zealand University or equivalent overseas qualification as determined by the Podiatrists Board.

PODIATRIC SURGEON

A registered primary health care practitioner who holds the scope of practice of podiatrist and is further qualified to perform foot surgery by way of sharp toe nail wedge resection; surgical correction of lesser digital deformities affecting the phalanges, metatarsals and associated structures; surgical corrections of deformities affecting the first toe, first metatarsal and associated structures; surgical correction of osseous deformities of the metatarsus, mid-tarsus, rearfoot and associated structures; surgical correction and removal of pathological subcutaneous structures such as tendinous and nervous tissues and other connective soft tissue masses of the foot.

Qualification

A Post Graduate qualification in Podiatric Surgery as determined by the Podiatrists Board or equivalent overseas qualification.

PODIATRIC RADIOGRAPHIC IMAGER

A registered primary health care practitioner who holds the scope of practice of podiatrist, who is qualified to use radiological equipment, and is licensed by the National Radiation Laboratory, to obtain plain radiographic images of the foot, ankle and lower leg.

Qualification

As part of the New Zealand undergraduate Bachelor of Health Science in Podiatry or satisfactory completion of an accredited post graduate training course in podiatric radiography.

PODIATRIC PRESCRIBER

A registered primary health care practitioner who holds the scope of practice of podiatrist and is further qualified to prescribe a list of medications approved by the Podiatrists Board. (Subject to extended prescribing rights being granted by the New Prescribers Advisory Committee).

Qualification

A Post Graduate qualification in Podiatric Prescribing as determined by the Podiatrists Board or equivalent overseas qualification.

VISITING PODIATRIST EDUCATOR

Please contact the Board regarding applications in this scope of practice.