



Dietitians Association of Australia

(A company limited by guarantee - incorporated in the ACT)
(A.C.N. 008 521 480) (A.B.N. 34 008 521 480)

APPLICATION FOR MUTUAL RECOGNITION BY A NEW ZEALAND REGISTERED DIETITIAN

All applications to become a DAA member with Australian recognised dietetic qualifications must be accompanied by evidence of:

- 1.Current registration with New Zealand Dietitians Board
2.Current Annual Practising Certificate and
3.completion of Specialised Reading Program in Indigenous Health (available on DAA website)

Please submit your application to:

dsr@daa.asn.au OR post to: DSR Administrator, DAA, 1/8 Phipps Close, Deakin ACT 2600, Australia

Enquiries should be forwarded to dsr@daa.asn.au

PERSONAL DETAILS

Title (Ms, Miss, Mrs, Mr, Dr, Other) Male Female

First Name Preferred Name

Last Name Former Name

Date of Birth (dd/mm/yy)

Home Address

Country

Home Telephone E-mail

Work Telephone E-mail

Mobile Telephone

Preferred E-mail Address HOME WORK

Name of University, year and title of Dietetic degree obtained :

Assessment Payment Section - Tax Invoice - (ABN 34 008 521 480)

Mutual Recognition Assessment:

AUD \$300.00 (residing overseas - GST exempt)

AUD \$330.00 (residing within Australia)

Cheque Please debit payment to my Mastercard Visa (Note - Amex/Diners Club or Direct Debit not accepted)

Card Number:

Grid for card number input

Expiry Date: /

CVV input boxes

Card Holder's Name: Cardholder's Signature

1. (a) I agree to apply to join DAA as a member with Australian recognised dietetic qualifications and to join the Accredited Practising Dietitian (APD) Program in accordance with the Mutual Recognition Agreement between the Dietitians Association of Australia and the New Zealand Dietitians Board.
 (b) I am currently registered with the New Zealand Dietitians Board. *(Please supply a copy of your registration)*
 (c) I hold a current Annual Practising Certificate with no condition.
2. My registration number with the New Zealand Dietitians Board is _____ Year first registered _____
3. My Annual Practising Certificate is valid from __/__/____ to __/__/____ *(Please attach copy)*
4. I am not the subject of any disciplinary proceedings or of preliminary investigations or action that might lead to disciplinary proceedings, in Australia, New Zealand or other jurisdiction.
5. My registration is neither cancelled nor suspended in any jurisdiction as a result of disciplinary action.
6. I am not otherwise personally prohibited from practising as a dietitian in any 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 jurisdiction.
7. Please tick one:
 I **am not** subject to special limitations or special conditions in practising.
 I **am** subject to special limitations or special conditions in practising.
 Please detail any special limitations or conditions *(attach any further information)*
8. I give consent to the Dietitians Association of Australia making inquiries of, and exchanging of information with, the New Zealand Dietitians Board or other jurisdiction regarding my activities in the practice of dietetics or any other matters relevant to this application.

I further 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 have not been convicted by any court in New Zealand, or elsewhere, of any offence punishable by imprisonment for a term of 3 months or longer
3. I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.
4. I am not the subject or have ever been the subject of professional discipline by any other health occupational registration authority.
5. I know of no information that could cause the Dietitians Association of Australia not to be satisfied that I am fit to practise and am a competent person to be given full APD status.
6. I have completed the Specialised Reading Program in Indigenous Health provided by the Dietitians Association of Australia on its web site relating to cultural competency. *(Please include completed Assessment Task).*
7. I undertake not to practise as a dietitian without maintaining full APD status.
8. I will provide the Dietitians Association of Australia with any such further information as it may require.

If you cannot make any of the above declarations, strike it out and state details of why: *(Attach any further information)*

SIGNED BY: Name: _____
 (Full name of applicant)

 (Signature of applicant)

Declared on: (date) _____

IN THE PRESENCE OF: Name: _____
 (Full name of witness)

 (Signature of witness)

Address (of witness): _____

Occupation (of witness): _____
(Please note: A witness must not be a relative or a close friend)