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| **Applicant Details** |  |
| Name |  |
| Address |  |
| Phone | Home:  Work:  Mobile: |
| Email |  |
| Nutrition qualification |  |

|  |  |
| --- | --- |
| **Criteria met during qualifying period** | **Complete either A or B, or both** |
| A: Qualifications | **Educational Qualifications over the probation year.** Provide a photocopy of most recent qualification |
| Institution and date qualification gained |  |
| List majors, thesis topics (if applicable) |  |
| **B: Employment** | Applicants should be currently employed in a nutrition-related role. If employed part-time, in a voluntary capacity or if nutrition is only part of the job, provide information on the proportion of work that is nutrition-related and roles performed. It may take longer than one year to gain the equivalent of one-year full-time work experience.  Provide details of employment ***If taking time out from the work-force briefly state the reason (e.g. family reasons)*** |
| Current employer and address |  |
| Duration of employment, time allocation (for part time or consultancy work) |  |
| Work responsibilities |  |

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| **Continuing Competency** | Describe how you have maintained your competency over the past year. Use the Continuing Competency record sheets to detail your activities  See Guidelines for Continuing Competency and Record Sheets. |
| Brief outline of proposed continuing competency over the next 3 years |  |
| Areas of nutrition interest: |  |
| Intention of field of expertise e.g. practice, public health |  |

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| **Mentor** | The mentor will provide a separate report. |
| Mentor Name |  |
| Qualification |  |
| Current employment role |  |
| Address |  |
| Phone |  |
| Email |  |

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| **Referees Details** | Select a referee who can evaluate and can comment on nutrition-related work-experience or  study. **It is highly recommended that at least one referee is a member of the Nutrition Society or a Registered Dietitian.** A referee's report is not required, the referee may be contacted. |
| Name |  |
| Current employment role |  |
| Relationship to applicant |  |
| Address |  |
| Phone |  |
| Email |  |

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| **Professional Organisations** |  |
| Current membership of other professional organisations |  |

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| **Application Checklist** | Email as a Word document to The Registrar, NSNZ, [registration@nutritionsociety.ac.nz](mailto:registration@nutritionsociety.ac.nz)  by the closing dates of 28 February and 31 July each year. |
| Current Member of NSNZ |  |
| No Application Fee required |  |
| 1 copy of application & goals |  |
| 1 copy of continuing competency records | Records of continuing competency during the qualifying period |
| Qualification (if applicable) | One copy of most recent tertiary qualification |
| 1 copy of permission slip |  |
| 1 copy of supervision report | Include supervision report if working in Practice field of expertise |
| Photo | Passport photo or jpeg file for ID card |
| Mentor reports | Mentor reports to be sent by mentor |

# DECLARATION

I , declare that I have read and understood the **NSNZ Code of Ethics** and will abide by this and the Rules of the Nutrition Society at all times and that I know of no reason why my Associate Registration Application should not be considered by the Nutrition SocietySelection Panel, and that the above information is true and correct. Signed Date:



Report for Nutrition Society NZ on Professional Supervision Received

Please submit report annually to registration@nutritionsociety.ac.nz

Supervisees Name:

Supervisors Name:

Supervision commenced on:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Professional Supervision** | **Summary of items (e.g. Case reflection, professional development, career planning etc.)** | **Signature of Supervisee** | **Signature of Supervisor** |
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