

**Stage 2: Application For Registration**  
**ASSOCIATE REGISTERED NUTRITIONIST**



<b>Applicant Details</b>	
Name	
Address	
Phone	Home: Work: Mobile:
Email	
Nutrition qualification	

<b>Criteria met during qualifying period</b>	<b>Complete either A or B, or both</b>
A: Qualifications	<b>Educational Qualifications over the probation year.</b> Provide a photocopy of most recent qualification
Institution and date qualification gained	
List majors, thesis topics (if applicable)	
<b>B: Employment</b>	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 <b><i>If taking time out from the work-force briefly state the reason (e.g. family reasons)</i></b>
Current employer and address	

Duration of employment, time allocation (for part time or consultancy work)	
Work responsibilities	

<b>Continuing Competency</b>	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:	

<b>Mentor</b>	The mentor will provide a separate report.
Mentor Name	
Qualification	
Current employment role	
Address	
Phone	
Email	

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

<b>Professional Organisations</b>	
Current membership of other professional organisations	

<b>Application Checklist</b>	Send to The Registrar, NSNZ, Vicky Stedman 176 Panorama Drive, Enner Glynn, Nelson 7011 by the closing dates of 28 February and 31 July each year.
Current Member of NSNZ	
No Application Fee required	
Read and understood the Royal Society Code of Ethics	
7 copies of application & goals	
7 copies of continuing competency records	Records of continuing competency during the qualifying period
Qualification (if applicable)	One copy of most recent tertiary qualification
One copy of permission slip	
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 Royal Society 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 Society Selection Panel, and that the above information is true and correct.

Signed \_\_\_\_\_

Date: \_\_\_\_\_