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| **Applicant Details** |  |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |
| Ethnicity |  |

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| **Qualifications** | Please list any additional qualifications since becoming a Registered Nutritionist. (Note - it is not necessary to have obtained additional qualifications to be re-registered).List majors, thesis topics (if applicable) institution and date qualification gained. |
| Qualification |  |

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| **Employment History over the Previous Three Years** | Applicants should be currently engaged in nutrition related employment.  Please describe your employment since becoming a Registered Nutritionist. Include dates, duration, responsibilities, and nature of work. Indicate your current employer if applicable, or if self-employed. If taking time out from the work-force briefly state the reason (e.g. family reasons). |
| Employment over past 3 years |  |

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| **Field of Expertise for Registration** | Final decisions on the field of expertise will be at the discretion of the nutrition panel based on qualifications and relevant experience. |
| Select one | ☐ Human ☐ Animal ☐ Plant |
| Select one or more | ☐ Education (working in an education institute)  ☐ Practice  ☐ Scientific Research - Industrial  ☐ Scientific Research - Academic  ☐ Public Health  ☐ Food Industry  ☐ Food-service  ☐ Nutrition Communication  ☐ Others |
| Area/s of interest related to working role  If in Practice clearly state links to your expertise e.g. self-directed learning/reading in your area of expertise |  |

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| **Professional Supervision** | Applicants working in practice providing dietary advice to clients must receive professional supervision and are encouraged to have indemnity insurance. It is preferable that your supervisor is not your boss. | |
| Do you receive professional supervision, mentoring or peer support? | |  |
| Name of Supervisor | |  |
| Is your Supervisor professionally trained | |  |
| Does your Supervisor have 5+ years of work experience in the nutrition field | |  |
| Do you have indemnity insurance | |  |

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

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| **Referees Details** | Select referees who can evaluate your continuing competency, experience and standing in the profession. It will assist your application if both referees can comment on nutrition-related work-experience. **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, referees may be contacted. |
| Referee 1: Name |  |
| Phone |  |
| Email |  |
| Position/relationship to applicant |  |
| Referee 2: Name |  |
| Phone |  |
| Email |  |
| Position/relationship to applicant |  |

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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. |
| 1 copy of Continuing Competency Records | See Guidelines for Continuing Competency and Record Sheets. Please attach record sheet. |
| 1 copy of Application |  |
| Current Member of NZNS |  |
| 1 copy of permission slip |  |
| 1 copy of supervision report | Include supervision report if working in Practice field of expertise |
| Photo (optional) | Jpeg file for ID card  The photo from your original application can be used for the new ID Card |

**DECLARATION**

I , believe that I am competent to be registered as a nutritionist. I know of no reason I should not continue to be registered as a nutritionist. 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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