## Application for Re-Registration REGISTERED NUTRITIONIST



| Applicant Details                                      |  |
|--|--|
| Name   |  |
| Address  |  |
| Phone  | Home:<br>Work:<br>Mobile:  |
| Email  |  |
|  |  |
| 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  |  |
|  |  |
| Employment History<br>over the Previous<br>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  | Practice Scientific Scientific Public He Food Ind   | ustry   | ,                                       |
| Areas of interest   |   |   |   |
|   |   |   |   |
| Professional Supervision  |   | Applicants working i providing dietary advantation must receive profession and are to have indemnity in | vice to clients<br>sional<br>encouraged |
| Do you receive professional supervision, mentoring or peer support? |   |   |   |
| Name of Supervisor  |   |   |   |
| Is your Supervisor profess<br>trained                               | sionally  |   |   |

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Does your Supervisor have 5+ years of work experience in the nutrition field

Do you have indemnity insurance

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

| 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 |  |

| Application Checklist                   | Email as a Word document to The Registrar, NSNZ, 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                  |   |

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| 1 copy of permission slip |  |
|---------------------------|--|
| Photo (optional)          | Passport photo or 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:

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