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| **Applicant Details** |  |
| Name |  |
| Date of Birth |  |
| Address |  |
| Phone  |  |
| Email |  |
| Ethnicity |  |
| Citizenship | ☐ New Zealand citizen☐ Permanent resident of New Zealand☐ Holder of a New Zealand temporary work permit  |

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| **Qualifications** | Provide a photocopy of most recent qualification. List **majors**, thesis topics (if applicable) institution and date qualification gained. |
| Qualifications |  |

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| **Employment** | Please attach a curriculum vitae. Provide full details including dates, approximate time allocation (for part time or consultancy work) and nature of work. |
| Current employer |  |
| Employer address |  |
| Employment HistoryEmployment History continued |  |

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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 educational institute) ☐ Practice ☐ Scientific Research - Industrial☐ Scientific Research - Academic☐ Public Health ☐ Food Industry ☐ Food-service ☐ Nutrition Communication ☐ Other  |
| Area/s of interest related to working roleIf in Practice clearly state links to your expertise e.g. self-directed learning/reading in your area of expertise |  |

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| **Continuing Competency** | See *Guidelines for Continuing*  |
| Briefly outline the types of Continuing Competency activities undertaken over the past two years |  |
| Outline of proposed continuing competency over the next 3 years |  |

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| **Professional Organisations** |  |
| Year accepted as member of Nutrition Society |  |
| Current membership of other professional organisations |  |

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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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| **Referee Details** | Select referees who can evaluate your competence and experience, in particular your nutrition-related study or experience. **At least one referee will need to be a member of the Nutrition Society or a Registered Dietitian.** The referee must send their report directly to the Registrar using the referees report form.  |
| Referee 1: Name |  |
| Address |  |
| Phone |  |
| Email |  |
| Referee 2: Name |  |
| Address |  |
| Phone |  |
| Email |  |

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| **Application Checklist** | Email as a Word document to The Registrar, NSNZ, registration@nutritionsociety.ac.nzby the closing dates of 28 February and 31 July each year. |
| Current Member of NZNS |  |
| Application Fee of $165 | Internet bank 0207270453705-00, state name and Nut Reg |
| 1 copy of application | Include curriculum vitae and any continuing competency records  |
| Qualification | One copy of most recent tertiary qualification |
| 1 copy of permission slip |  |
| Photo | jpeg file for ID card |
| Referee forms  | Referee reports to be sent by referee |
| 1 copy of supervision report  | Include supervision report if working in Practice field of expertise |

# 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 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:

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| **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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