

Application for Registration



REGISTERED NUTRITIONIST

Applicant Details	
Name	
Date of Birth	
Address	
Phone	Home: Work: Mobile:
Email	
Citizenship	<input type="checkbox"/> New Zealand citizen <input type="checkbox"/> Permanent resident of New Zealand <input type="checkbox"/> Holder of a New Zealand temporary work permit

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

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 History	

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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	<input type="checkbox"/> Human <input type="checkbox"/> Animal <input type="checkbox"/> Plant
Select one or more	<input type="checkbox"/> Education (working in an educational institute) <input type="checkbox"/> Practice <input type="checkbox"/> Scientific Research - Industrial <input type="checkbox"/> Scientific Research - Academic <input type="checkbox"/> Public Health <input type="checkbox"/> Food Industry <input type="checkbox"/> Food-service <input type="checkbox"/> Nutrition Communication <input type="checkbox"/> Other
Areas of interest	

Continuing Competency	See <i>Guidelines for Continuing</i>
Briefly outline the types of Continuing Competency activities undertaken over the past two years	
Outline of proposed continuing competency over the next 3 years	

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

Referee Details	Select referees who can evaluate your competence and experience, and standing in the profession, 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	

Application Checklist	Send to The Registrar, NSNZ, Vicky Stedman 176 Panorama Drive Enner Glynn Nelson by 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

7 copies of application	Include curriculum vitae and any continuing competency records
Qualification	One copy of most recent tertiary qualification
One copy of permission slip	
Photo	Passport photo or jpeg file for ID card
Referee forms	Referee reports to be sent by referee

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 registration application should not be considered by the Nutrition Society Selection Panel, and that the above information is true and correct.

Signed

Date: