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| **Applicant Details** |  |  |
| Name |  |  |
| Address |  |  |
| Phone |  |  |
| Email |  |  |
| Date of birth |  |  |
| Ethnicity |  |  |
| Citizenship |  | ☐ New Zealand citizen  ☐ Permanent resident of New Zealand  ☐ Holder of a New Zealand temporary work permit  ☐ Holder of a Student Visa (Mentored year must be completed in New Zealand) |
| **Qualifications** |  | Provide a photocopy of most recent qualification |
| Institution and date  qualification gained | |  |
| List majors, thesis topics  (if applicable) | |  |
| **Intention for qualifying period** | | Please state your intention for the following year to meet the criteria for Associate Registration through post-graduate study or work experience (paid or voluntary). If not currently in employment, state whether you are seeking employment. |
| Intention for employment or further study (please specify study topic) | |  |
| Intention of field of expertise e.g. practice, public health | |  |

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| **Mentor**  Provide the following details of your mentor. | A mentor is a Registered Nutritionist, Registered Dietitian or nutrition professional who is recognised and respected in the field of nutrition with at least 5 years work experience. The Registration Panel may contact the mentor during the application process. The mentor must commit to meeting with the applicant at least once every **2 months** and complete a report at the end of the mentoring period. It is preferable that your mentor is not your boss. |
| Mentor Name |  |
| Address |  |
| Phone |  |
| Email |  |
| Main qualification |  |
| Current (or recent) employment |  |
| Expertise |  |
| Details of proposed mentoring (frequency and form of communication) |  |
| **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. |
| Current Member of NSNZ |  |
| Application Fee of $110 | Cheque or Internet bank 020727045370500, state name and Nut Reg |
| 1 copy of application |  |
| Qualification | One copy of most recent tertiary qualification |

# 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 Associate Registration Application should not be considered by the Nutrition SocietySelection Panel, and that the above information is true and correct. Signed Date: