



## APPLICATION FOR REGISTRATION

Registration Number:

OFFICE USE ONLY:

Please read the NZHRB Constitution, Rules and Ethics before completing this application.

### PERSONAL AND CONTACT DETAILS

1. **Title:** Mr  Mrs.  Ms  Miss  Dr  Other \_\_\_\_\_

2. **Gender:** Male  Female  Other \_\_\_\_\_

3. **Full Name:** \_\_\_\_\_  
Given/First Names Family/Surname (Please underline your Surname)

4. **Name for Registration Certificate:** \_\_\_\_\_  
(Please print clearly)

5. **Other Name(s):** \_\_\_\_\_  
(If applicable enclose relevant documents – this includes Previous names or 'also known as' names)

6. **Nationality:** \_\_\_\_\_ 7. **NZ Residence Status:** \_\_\_\_\_

8. **Date of Birth:** \_\_\_\_\_

9. **Do you want your details on the NZHRB website?** YES  No

10. **Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_

11. **Residential Address:**

\_\_\_\_\_  
\_\_\_\_\_

12. **Clinic (Work) Address:**

\_\_\_\_\_  
\_\_\_\_\_

13. **Contact Details:** (Include country/area codes)

Telephone (Hm) \_\_\_\_\_ Mobile \_\_\_\_\_

Telephone (Wk)(if different) \_\_\_\_\_

Email \_\_\_\_\_

Website Address \_\_\_\_\_

Facebook Page \_\_\_\_\_

Other Social Media \_\_\_\_\_

## QUALIFICATIONS

**14. Hypnotherapy qualifications:** (Enter the highest qualification first. The Board reserves the right to contact the granting institutions for further details)

(1) Qualification: \_\_\_\_\_

Granting Institution \_\_\_\_\_

Country \_\_\_\_\_ Date Awarded/Conferred \_\_\_\_\_

Contact details of Granting Institution (include name) \_\_\_\_\_

(2) Qualification: \_\_\_\_\_

Granting Institution \_\_\_\_\_

Country \_\_\_\_\_ Date Awarded/Conferred \_\_\_\_\_

Contact details of Granting Institution (include name) \_\_\_\_\_

15. Other relevant qualifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HYPNOTHERAPY ORGANISATION MEMBERSHIP

**16. Hypnotherapy Organisation membership(s) in New Zealand:** (Please provide copy of Annual Practicing Certificate(s), if applicable)

Organisation Name: \_\_\_\_\_

Address: \_\_\_\_\_

Organisation Email: \_\_\_\_\_ Membership Level \_\_\_\_\_

Other Organisation Name: \_\_\_\_\_

Address: \_\_\_\_\_

Organisation Email: \_\_\_\_\_ Membership Level \_\_\_\_\_

## PREVIOUS APPLICATION(S) FOR REGISTRATION

**17. Have you previously made an application for registration with the NZHRB?** YES  No

**18. Have you registered with any other Hypnotherapy Registration Board?** YES  No

(If applicable, please provide details)

Board Name: \_\_\_\_\_

Country: \_\_\_\_\_ Registered from: \_\_\_\_\_ to \_\_\_\_\_

## CHARACTER REFERENCES

**19.** Two (2) confidential character references dated no more than six (6) months old (from the date you signed the application form) and should be included with the completed application form documentation. Please include referees contact details below.

Referees should comment on the applicant's character, professional experience and standing. The references should be signed, dated and be on official letterhead (where applicable).

\* At least one (1) reference must have known applicant for more than 12 months.

\* At least one (1) reference must have know the applicant in a professional capacity. (i.e. colleague, trainer, mentor, supervisor).

### Referee details:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Overseas Applicants Only:

Tick box if you do not know someone in New Zealand who could provide you with a reference. A reference from fellow members of your hypnotherapy professional body overseas may be an acceptable alternative.

## CURRICULUM VITAE (CV) OR RESUME AND FIRST AID CERTIFICATE RRICULUM VITAE (CV) OR RESUME

**20.** A copy of your up to date Curriculum Vitae and current First Aid Certificate should be included with this application. The CV should account, in brief, for all your time and work experience since graduating and include relevant dates.

## CONDITIONS OF REGISTRATION

### 21. I acknowledge and undertake as follows:

- (1) I will not take any action or make any omission or make any statement written or verbal which may create any liability in respect of the New Zealand Hypnotherapists Registration Board Inc. nor will I bring the Board into disrepute or in any way affect its credibility.
- (2) In the event that any party takes any action in which the Board is named as a Defendant or as a party against which any claim of any sort is brought due to any action in which I have been involved solely or in conjunction with any other party or parties whether or not that party or parties are other members of the Board, then I hereby indemnify the Board against any such claims, actions, costs or liabilities howsoever arising to the fullest extent being aware that should any other party or parties be so involved who are other members then they shall share equally in such indemnity with me.
- (3) Nothing in the forgoing clauses shall in any way give rise to the activation of this indemnity to any properly activated and voted upon decision of the Executive Board.

## CRIMINAL CLEARANCE REPORT

A conviction will not necessarily preclude the granting of registration. The Board will consider any conviction(s) on a case-by-case basis. If you have a conviction, please write a letter about the conviction to the Board to accompany the record.

**22. New Zealand Applicants:** The Board requires every New Zealand applicant to submit a Criminal Clearance Report from the Ministry of Justice. Please download the form from the Ministry of Justice web link: <http://www.courts.govt.nz/privacy/request-by-individual.pdf> and send your request directly to the Ministry of Justice with all required documentation and when report is received, please send with your application for registration.

**23. Overseas Applicants:** The Board requires every overseas applicant to provide a Police Clearance or an equivalent document (in English) detailing any convictions you may have had in your country of residence.

# STATUTORY DECLARATION

**IMPORTANT NOTE:** Please consider this Declaration carefully before you sign. This declaration is effective for as long as you remain a registered member of the Board.

**24 I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.**

**I solemnly declare that:**

1. I have read and understand the Constitution, Rules and Ethics of the New Zealand Hypnotherapists Registration Board Inc. and the requirements set out in this form.
2. All of the information provided with this application is true and correct in every particular and detail. I understand that providing false or incomplete information may lead to expulsion at any time;
3. I will provide the New Zealand Hypnotherapists Registration Board with any such further information as it may require;
4. I know of no information that could cause the Board not to be satisfied that I am of good character and reputation to be registered;
5. In accordance with the Privacy Act (1993) I hereby authorise the New Zealand Hypnotherapists Registration Board Inc. to obtain my Criminal Clearance Report from the Ministry of Justice.
6. I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner;
7. I will only operate within the scope of my training and experience in a competent, responsible and professional manner;
8. I hereby declare ALL criminal convictions within New Zealand or any other country;

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9. I hereby declare that, if accepted, I agree to abide by the NZHRB Inc Constitution, Rules and Ethics for as long as I remain a registered member / hypnotherapist of the Board;

10. I will uphold all registration renewal requirements as set by the Board (i.e. annual on-going training hours etc.) to maintain my registration status for any given period of registration.

**AUTHORITY:** In accordance with the Privacy Act (1993) I hereby give permission to the New Zealand Hypnotherapists Registration Board Inc. to contact the persons and/or organisations whose details I have provided in support of my application for registration. I authorise the named parties to supply to the Board any information that is relevant to my application as required.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Full Name of Declarant) (Signature of Declarant)

Declared at: \_\_\_\_\_ On (date): \_\_\_\_\_ 20\_\_

Witnessed by: \_\_\_\_\_  
(Witness is a person authorised to take a Statutory Declaration)

Witness Stamp: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**Please Note:**

Witness must identify their authority to sign a Statutory Declaration

**NOTE:** Statutory Declarations must be made before a person entitled under the Oaths and Declarations Act 1957 to take statutory declarations, e.g. Justice of the Peace, solicitor, notary public, Registrar or Deputy Registrar of the High Court or any District Court, authorised officer in the service of the Crown, any member of Parliament.

## IMPORTANT NOTES

- A copy of your registration application and supporting documentations will be made available to the Panel of Assessors as part of the registration assessment process.
- Annual Practising Certificates for registrations are only issued on payment of the prescribed fee. This fee covers the financial year from 1st April – 31st March. Payment is due by 1st April.
- Please notify the Board within 14 days of any change of address or contact details.

## APPLICATION CHECK LIST

**NOTE:** All documents supporting your application for registration must be the original or certified copies of originals. A certified copy is a direct copy (photocopy) of an original document that is certified as a true copy of the original by an official with the necessary legal power, such as a Justice of the Peace, Solicitor or Notary Public. Certification requires that the official signs with his or her name, position and official seal (where applicable) clearly visible by the signature.

In the event whereby the applicant is required to sit the registration competency assessment, the Secretary shall advise the applicant of the next scheduled assessment date approximately 8 weeks from the receipt of a complete application by the Board.

### ALL APPLICANTS MUST INCLUDE THE FOLLOWING DOCUMENTATIONS

(Tick the box as you check your documents for enclosure with this form)

- A completed Application for Registration form (Print off to complete)
- A certified colour passport sized photograph, including evidence of any name change (e.g. Deed Poll, Marriage Certificate) if applicable (Item 4)
- Documentations for your Hypnotherapy Qualifications (Item 14) i.e. degrees, diplomas and certificates.
- A copy of your current Annual Practising Certificate from your hypnotherapy organisation as proof of your membership status. (Item 16)
- Two (2) character references marked 'confidential' and signed and dated not more than six (6) months old from the date the application form). (Item 19)
- Curriculum vitae in brief. (Item 20)
- Current First Aid Certificate. (Item 20)
- A true or certified copy of the Criminal Clearance Report (New Zealand applicants) or a Police Clearance Certificate or its equivalent (overseas applicants) with an explanatory letter if applicable. (Item 22 or 23)
- Signed and witnessed statutory declaration. (Item 24)
- Registration fee of \$35 plus the first full annual practicing certificate fee of \$60 and pro-rata at \$15 per remaining quarter (for applications received after first half of the financial year). The registration application fee of \$35 is non-refundable whatever the outcome of the application.
- Assessment fee of (for Registration applications under RULE 3 F and G) will be payable, as required, when the schedule and venue for the Assessments are confirmed by the Secretary.

**NOTE FOR ALL APPLICANTS:** An incomplete application will not be processed by the Board and forwarded onto the Panel of Assessors until it is declared completed by the Registrar. Failure to provide the correct specified documentation would cause processing delays.

## PLEASE POST FORM, PAYMENT AND SUPPORTING DOCUMENTATIONS TO:

The Secretary  
**New Zealand Hypnotherapists Registration Board Inc.**  
P O Box 104122  
Lincoln North  
Auckland 0651

Phone: (09) 373-3133 Web site: [www.nzhrb.co.nz](http://www.nzhrb.co.nz)