



## Declaration: Special purpose scope of practice – postgraduate training

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REG10 – July 2014  
For office use only  
Registration No:

The declaration must be signed by the host, supervisor and applicant. If not convenient, all three signatures do not need to appear on the same copy of this form (ie three versions can be signed independently).

Applicant's name	Name of DHB
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### NZ host declaration (DHB representative)

By signing below, I declare that I have read the *Policy on registration within a special purpose scope of practice*. I understand the policy and its implications. In particular, I understand that:

- the applicant is coming to New Zealand for training
- the registration period for the applicant is time limited and will not lead to permanent registration in New Zealand.

Signature	_____	Date	_____ / _____ / _____
Print name	_____	Title	_____

### Supervisor declaration

By signing below, I declare that I have read the *Policy on registration within a special purpose scope of practice*. I understand the policy and its implications. In particular, I understand that:

- as the supervisor I will have primary responsibility for the applicant's training and ensuring the applicant meets the training objectives submitted with the application for registration
- every three months, I will complete a report on the progress made on each of the learning objectives and discuss the report with the applicant
- the registration period for the applicant is time limited and will not lead to permanent registration in New Zealand.

Signature	_____	Date	_____ / _____ / _____
Print name	_____		

### Applicant declaration

By signing below, I declare that I have read the *Policy on registration within a special purpose scope of practice*. I understand the policy and its implications. In particular, I understand that:

- I am coming to New Zealand for a limited period to undertake training
- my registration period will not be extended past two years for any reason
- the training I will be undertaking will not be part of an accredited training programme
- my training will not lead to registration as a specialist in New Zealand
- I will return to my home country, or the country which has sponsored me, and resume practice there at the end of my training period.

Signature	_____	Date	_____ / _____ / _____
Print name	_____		