



## Section 2: Personal and contact details

Title (*circle*): Dr/Mr/Miss/Mrs/Ms First/other names: .....

Family name/surname: .....

Previous names (*if any*) you have used:..... Date changed:.....  
(*please attach evidence of previous name(s) – this must be an original document or a certified copy*)

Date of birth: day/month/year...../...../..... Country of birth: .....

Postal address ( <i>this will not be published</i> ) ..... ..... ..... ..... Postcode: .....	Work address if different from postal address ( <i>this will be part of the public register unless you provide a written objection</i> ): ..... ..... ..... ..... Postcode: .....	Residential address ( <i>this will not be published</i> ) ..... ..... ..... ..... Postcode: .....
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Work phone: .....Cell phone: .....Other phone:.....

Primary email contact.....Fax: .....  
(*for Board newsletters*)

Tick one of the following to show which ethnic group or groups you belong to. Please note that the ethnic groups used are those from the Statistics New Zealand official definition (Smith 1981). If you consider that you belong to more than one ethnic group, please tick the one with which you most strongly identify.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> NZ European       | <input type="checkbox"/> Other European – British and Irish   | <input type="checkbox"/> Other European - Australian |
| <input type="checkbox"/> Other European    | <input type="checkbox"/> NZ Māori                             | <input type="checkbox"/> Samoan                      |
| <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Other Pacific Peoples                | <input type="checkbox"/> South East Asian            |
| <input type="checkbox"/> Chinese           | <input type="checkbox"/> Indian                               | <input type="checkbox"/> Other Asian                 |
| <input type="checkbox"/> African           | <input type="checkbox"/> Other ( <i>please specify</i> )..... |  |

## Section 3: Register and Practice information

### Current registration information:

Please provide details of your registration in Australia (this will be verified with the Optometry Board of Australia).

Name under which you are registered	Registration number	Registration expiry date

### Qualification information:

Year and date of qualification i.e. day/month/year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Conferring institution:.....

Qualification held: .....



## Section 5: Statutory declaration

This statutory declaration must be no more than six months old at the time the completed notice is received by the Board. In New Zealand, statutory declarations can be taken by a Judge, Commissioner of Oaths, Justice of the Peace, solicitor of New Zealand, notary public, commonwealth representative, or other officer authorised to take statutory declarations. If you are applying from overseas, you must find a person who is authorised to take a statutory declaration in the country from which you are applying.

### PLEASE READ THE FOLLOWING DECLARATION CAREFULLY BEFORE YOU SIGN.

I, .....  
Full name

of .....  
Place of abode Occupation

#### Solemnly and sincerely declare that:

1. All of the information provided in this form, and all of the information attached to this form and/or or provided in support of this notice seeking registration, is true and correct in every particular and detail.
2. I will provide the Optometrists and Dispensing Opticians Board with any such further information as it may require.
3. I give consent to the Optometrists and Dispensing Opticians Board making enquiries of and exchanging information with the authorities of the Optometry Board of Australia (including the AHPRA) regarding my activities in the practice of optometry or any other matters relevant to this notice.
4. I give consent to the Optometrists and Dispensing Opticians Board sharing my information (name, date of birth, ethnicity, gender, employer, place/s of work and the average weekly number of hours worked by me at each place of work) with the Director-General of Health for the purpose of supporting the Ministry of Health's responsibilities for workplace planning and development. The Optometrists and Dispensing Opticians Board may also use this information to determine workforce related needs within the sector.
5. I give consent to the Optometrists and Dispensing Opticians Board sharing my information (name and title, gender, date of birth, registration ID, scope of practice, date scope of practice approved, registration date, practising status (incl. APC valid dates), qualification, year qualified, institute and country of qualification with the Ministry of Health for the purpose of being issued with a unique identifier (Common Person Number (CPN)), issued to all health practitioners, for the maintenance of a central, national database holding information to identify health providers (individuals, organisations and named facilities).
6. I have no convictions, or any criminal charges pending in any court in Australia or elsewhere of any offence against the law (other than minor traffic offences). Should I be made aware of any convictions or criminal charges pending from the date of this application, I will notify the Board within 14 days of being made aware of it.
7. I have read, understood, and will abide by the Board's Standards of Clinical Competence, Standards of Cultural Competence and Standards of Ethical conduct relevant to my profession (*available on the Board's website*).
8. *If applying for registration in the scope of practice of Optometrist (therapeutic endorsement):*  
I agree to permit the Optometrists and Dispensing Opticians Board to collect individual statistical data, and the disclosure of my name if requested by the Optometrists and Dispensing Opticians Board for the purposes of monitoring and auditing therapeutic optometrist prescribing behaviour as required by the Minister of Health.
9. I have read section 7 of this form and agree to abide by all obligations specified in that section.
10. I understand that the Optometrists and Dispensing Opticians Board may postpone or refuse registration if any of the statements or information in this notice is materially false or misleading; or if any document required to be provided has not been provided; or if my circumstances have materially changed since the date the notice was given; or if the Board determines that the occupation is not equivalent. I understand that the Optometrists and Dispensing Opticians Board may impose conditions on registration for the purpose of achieving equivalence or for the purpose of imposing a condition that applies to my registration in Australia.
11. I understand that section 146 of the *Health Practitioners Competence Assurance Act of 2003* provides that the Optometrists and Dispensing Opticians Board may cancel my registration if it is satisfied that I obtained

registration by making a false or misleading representation or declaration (whether oral or written) or that I was not entitled to be registered.

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

Signature of declarant: .....

Declared at ..... on this ..... day of ..... 20

Before me: .....

A person authorised to take statutory declaration

## Section 6: Checklist for applicants

**ALL APPLICANTS MUST INCLUDE THE FOLLOWING DOCUMENTATION** (Tick the box as you check your documents for enclosure with this form)

- Evidence of any name change (e.g. Deed Poll, Marriage Certificate) if applicable
- Originals or certified copies of all relevant documents (originals will not be returned) (see notes below)
- Signed and witnessed statutory declaration
- Application fee (cheque/credit card details). NB The application fee is not refundable whatever the outcome of the application.

## Section 7: Obligations

### OBLIGATIONS OF REGISTERED PRACTITIONERS

#### **You must hold a practising certificate in order to practise within your scope of practice**

Registered optometrists who intend to practise in New Zealand must hold a current practising certificate for all or part of any year (1 April to 31 March) in which they practise. An application for a practising certificate will be sent with notification of registration. It is an offence against the Health Practitioners Competence Assurance Act 2003, and grounds for professional discipline, to practise without a current practising certificate.

#### **You must advise the Board of any change of address**

Under section 140 of the Health Practitioners Competence Assurance Act 2003, registered optometrists are required to advise the Board of any change of address (postal, residential or work) promptly. If a registered practitioner cannot be located at their registered address, the Board can instruct the Registrar to remove that practitioner's name from the Register.

#### **You must comply with all Board standards**

The Board has adopted:

- Standards of Clinical Competence
- Standards of Cultural Competence
- Standards of Ethical Conduct.

These standards can be viewed on the Board's website. All registered practitioners must abide by and meet all standards relevant to their scope of practice.

#### **You must comply with all relevant legislation**

Registered optometrists and dispensing opticians are governed by the Health Practitioners Competence Assurance Act 2003. In addition to that Act, other relevant legislation includes:

- Health and Disability Commissioner Act 1994 (and Code of Health and Disability Services Consumers' Rights)
- Privacy Act 1993
- The Health Information Privacy Code 1994
- Medicines Act 1981 (prescribing optometrists).

## Section 8: Notes

### Requirements for Documents

All required documents must be attached to this form, and must be originals or certified copies of originals. A certified copy is a photocopy signed by a Judge, Commissioner of Oaths, Justice of the Peace, solicitor of New Zealand, notary public, commonwealth representative, or officer authorised to take statutory declarations in that country stating: 'this is certified as a true copy'.

Please do not send this form in parts. Send one complete application with all relevant documentation attached and payment of the required fee. Incomplete forms will not be accepted and will be returned to the applicant for completion.

### BOARD PROCESS FOR CONSIDERATION OF NOTICE SEEKING REGISTRATION

The Board will not process any form that is not duly completed, until it is declared completed by the Registrar. The Board will verify the statements made in this notice with the Optometrists Board of Australia, and may seek any other information that it considers is relevant to the notice and the applicant's practice of optometry in Australia.

The Board's usual timeframe for processing completed applications is 10-20 working days. In the event that there are any anomalies in the documentation provided, processing time is likely to increase. Within 1 month after receiving the completed notice the Board must either grant registration; or postpone its decision on the grant of registration; or refuse to grant registration. If the Board decides to grant registration it may impose conditions for the purpose of achieving equivalence of occupations; or for the purpose of imposing a condition that applies to the applicant in Australia; or for any other purpose relating to the implementation of the Trans-Tasman mutual recognition principle relating to occupations.

The Board may postpone its decision if any of the statements or information provided by the applicant is materially false or misleading; if any required document or information has not been provided to the Board; if the circumstances of the applicant have materially changed since the date of the notice; or the Board determines that the occupation in which registration is sought is not an equivalent occupation.

## Contact

1. Please post your application to:  
The Registrar  
Optometrists and Dispensing  
Opticians Board  
PO Box 9644  
Wellington 6141  
New Zealand
2. If you have any questions, please contact the Board on:  
Phone: (64 4) 474 0704  
Email: Annette.McCoy@odob.health.nz  
Website: www.odob.health.nz

or courier to:  
Level 5  
22 Willeston Street  
Wellington 6011  
New Zealand.

## Office use

### Office Checklist:

Evidence of prescribed qual: Yes/No Date conferred: ____ / ____ / ____	Evidence of any name change: Yes/No/NA
Valid stat dec completed correctly: Yes/No	Fee paid and cleared: Yes/No

Application complete? Yes  No

Date application declared complete: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of decision on registration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Register applicant? Yes  No

\_\_\_\_\_  
Registrar signature

\_\_\_\_\_  
Date

Database updated?

Yes  No

Registration Spreadsheet updated?

Yes  No