



HAND THERAPY NEW ZEALAND

Ringaromi Aotearoa

PATHWAY 2 (CHT OR EQUIVALENT) REGISTERED MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Title:	Name:	Date of Birth:
Home address:		
City:	Post Code:	
Work address:		
City:	Post Code	
Phone Number (Home):	Phone Number (Work):	Phone Number (Mobile):
Preferred E-mail:		

EDUCATION INFORMATION

Professional Qualification:	Year of Professional Qualification:
Post Graduate Qualification (attach evidence):	

BOARD & PARENT BODY DECLARATION

I hold a current Annual Practicing Certificate with (please tick) NZ Physio Board NZ OT Board

I am a current member of (please tick): Physiotherapy New Zealand (PNZ) Occupational Therapy New Zealand (OTNZ)

CRITERIA CHECK LIST WITH EVIDENCE

I have attached evidence of

- Curriculum Vitae
- Supporting evidence of overseas membership or qualifications i.e. marking schedules, courses attended, certificates
- Letter of recommendation from a HTNZ Registered Hand Therapist or Hand Surgeon following six months formal supervision
- Verification of six months formal supervision, submit supervision record

CONSENT & SIGNATURE

I give Hand Therapy New Zealand consent to communicate with me by e-mail

I give Hand Therapy New Zealand consent to place my name, and work address, work phone number and/or work email on the "Find a Therapist" function on the Hand Therapy New Zealand website

Signature of applicant:	Date:
-------------------------	-------

PLEASE SEND APPLICATION & SUPPORTING EVIDENCE TO THE HAND THERAPY NEW ZEALAND ADMINISTRATOR VIA EMAIL ADMIN@NZAHT.ORG.NZ

OFFICE USE ONLY

<input type="checkbox"/> Date Application received	
<input type="checkbox"/> Annual Practicing Certificate checked	<input type="checkbox"/> Parent Body Membership checked
<input type="checkbox"/> Evidence uploaded to member file	<input type="checkbox"/> HTNZ Executive approved
<input type="checkbox"/> Updated details entered into website	<input type="checkbox"/> Congratulation Letter & Membership Certificate emailed