

NZSTA Application for Qualifications Approval of Overseas Qualifications

for overseas trained speech-language therapists who wish to apply for membership of NZSTA and do not meet the criteria to apply under The Agreement for the Mutual Recognition of Professional Association Credentials Updated 2019

Personal Details:

Title _____ Surname _____ First Name _____

Mailing Address _____

Country _____ Post/ZIP code _____

Phone Numbers (Home) _____ (Work) _____ (Mobile) _____

E-mail _____ Date of Birth day / month / year

Any previous name (if changed) _____

First language _____ Other languages _____

Membership of Professional Association (please give details) _____

Employment:

Areas of clinical interest _____

Number of years of actual work experience in speech-language therapy/pathology _____

Referees - Names and contact details of two recent employers who may be contacted to verify work experience.

1. Name _____ Position _____

Organisation & City _____

E-mail _____ Telephone number _____

2. Name _____ Position _____

Organisation & City _____

E-mail _____ Telephone number _____

Education (relating to your highest speech language therapy/pathology qualification):

Qualification _____ Year _____

University _____

Country _____ Language taught in _____

Disclosure Information and Declaration (must be completed):

1. Have you ever been convicted of a criminal offence or an offence related to the practice of speech language therapy? Yes No
2. Have you been the subject of a finding of professional misconduct, incompetence or incapacity by your employer or any other body? Yes No
3. Have you ever been disciplined or sanctioned, or are there any disciplinary proceedings pending against you before any professional association, professional licensing authority or board, or other professional regulatory body? Yes No

If you answered yes to any of the above please provide details on a separate piece of paper. Include the nature of the offence; the date of the offence; the nature of any penalties or rehabilitation requirements imposed and any other relevant factors you would like the NZSTA to consider.

NOTE: A criminal conviction, disciplinary action or sanction will not automatically preclude membership. The NZSTA will consider all relevant factors.

A. I affirm that the information in this form, and all other documentation provided, is true and correct.

If accepted for membership:

B. I have read and agree to abide by the NZSTA Code of Ethics and any subsequent amendments. The Code of Ethics is available at <http://www.speechtherapy.org.nz/about-nzsta/ethics>

C. I agree to abide by all standards required to maintain membership and I understand that, once I receive membership, my membership status may be made available to the public.

Name _____

Signed _____ Date day / month / year

Checklist - Documents Attached

Required by every applicant:

An *original* degree transcript which specifically lists all courses, hours for course (or breakdown), and grades achieved. It must also specify the title of your degree in speech-language therapy/pathology and the date conferred.

Certified copy of evidence of competency in dysphagia (assessment, diagnosis and management) either through evidence of specific courses or previous experience.

A New Zealand criminal conviction record or equivalent overseas record, must be an original document and dated not more than 3 months prior to the date of receipt by the NZSTA. It must be issued by the relevant police authority in their country of practice.

An applicant must provide a criminal conviction record, or equivalent, for every country that they have lived in for 12 months or more in the last 10 years, over the age of 18 years.

Certified copy of current practicing certificate if applicable.

Up-to-date curriculum vitae outlining work experience and professional development.

Payment Details

Payment due for Qualifications Application; **must be** in New Zealand Dollars: NZD\$1,500

Electronic payment to NZSTA account number: 38 9012 192936 00
Swiftcode **is** **KIWINZ22** (Kiwibank use Citibank for international transactions)

Please make sure you pay ALL bank fees

Where possible include a reference: Your Name/QA

May be required (please check if any apply):

If you are a current member of your professional home association an *original letter* from them indicating if you are a current member in good standing in the country in which you are practicing.

If less than two years clinical Speech-Language Therapy experience a *certified copy* of the signed clinical hours log from the degree programme showing a minimum of 300 hours clinical experience (only 25 of which may be observation), experience across a range of disorders (both communication and swallowing), and experience with a range of client groups (from childhood through adulthood).

Certified copy of the official document registering your change in name (either through marriage or some other event) if your name on this application form is different to the name on any of your supporting documentation.

Original of IELTS results if your speech-language therapy/pathology qualification was completed in a language other than English, or if English is your second language.

Any other information in support of your application or any disclosure information

Please specify _____

Information for Applicants:

1. The application form must be completed in full, the disclosure information and declaration completed and signed, and all documents required must be included. If the application is incomplete it will not be processed until all documents are provided or the application is completed in full.
2. The original of your degree transcript must be included, a copy or certified copy is not acceptable. The original is available from the University you attended. This will be returned after the application is processed *if a prepaid, self-addressed envelope is included with your application*.
3. If your name has changed from the name of any of your supporting documentation (either through marriage or some other event) please attach a *certified copy* of the official document registering your change in name.
4. A Certified copy is a copy of the original document which has been certified as a true copy by either a Solicitor/Lawyer/Notary Public or Justice of the Peace. This person must see the original document which has not been altered in any way and must provide the following on the copy:
 - a. His/her name, printed and Position/Title (must be a Solicitor/Lawyer/Notary Public or Justice of the Peace)
 - b. Their address and telephone number
 - c. Signature and date the certification was made
 - d. A stamp or wording indicating “ this photocopy is a true copy of the original document which has not been altered in any way” or similar wording
5. Please allow up to six weeks from the receipt of the full application for processing. You will be notified in writing as to the outcome of your application.
6. Immigration requirements to allow you to work in New Zealand are *your* responsibility. If your application is approved a letter will be sent to you. This letter may be required by New Zealand Immigration Service in order to apply for a permit /visa to allow you to work in New Zealand as a speech-language therapist.

Please send the completed application and supporting documents to:

QA Application
NZ Speech-Language Therapists' Association
PO Box 302 469, North Harbour
Auckland 0721
New Zealand

This application will not be processed until your \$1,500.00 NZD has been paid.