



# APPLICATION FORM FOR NATIONAL CREDENTIAL/LICENSE TO PRACTICE DIVERSIONAL AND RECREATIONAL THERAPY IN NEW ZEALAND

Use this form only if you meet the following criteria:

- You have gained the approved NZQA qualification in Diversional and Recreational Therapy.
- You have completed a minimum of 3000 hours working in the Diversional and Recreational Therapy field.
- You have been a full member of NZSDRT Inc. for a minimum of one year
- You have been with your current employer for a minimum of 3 months by the date you apply for National Registration

1. **Name:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_

3. **Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

4. **Email:** \_\_\_\_\_

5. **Membership number:** \_\_\_\_\_

6. **Current Position:** \_\_\_\_\_

7. You must have one (1) year of **current** Membership with the NZSDRT Inc. **YES/NO**

8. Completed a minimum of 3000 hours working in the field. Confirm you meet the criteria and attach details of hours history. **YES/NO**

9. Evidence of current education relating to Diversional Therapy i.e., conferences, in-services (signed by the Manager) you have attended in the last twelve months: **YES/NO**

10. Current written & signed reference from a supervisor or professional colleague attached: **YES/NO**

11. The names and contact addresses of **two referees** who are willing to comment (confidentially) on the applicant's personal and professional suitability:

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

**Position:** \_\_\_\_\_ **Position:** \_\_\_\_\_

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

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

The National Registration Board is run by volunteers. This means that the Registration board members are also employed; this necessitates making phone calls outside working hours. If possible, please supply referees that can be contacted during or after working hours.

12. Have you ever been declined or had registration suspended or cancelled by any organisation? If yes, which organisation/s:

**YES/NO**

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

13. Are there any other matters of which the National Registration Board should be aware of, which may affect this application? If yes, please explain:

**YES/NO**

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

There is an application fee of **\$105 Inc. GST per application – Not refundable.**

**NOTE:** *The Registration fee of \$105 is made up of a \$50 Registration fee, a \$15 Administration Fee, and a \$40 Assessment fee, including GST and, is non-refundable. There is a time frame for the Registration Application and the fee paid which is 3 months from the date of payment. If an applicant needs any extra time during the process of registration or before applying for registration, please make contact the Registrar.*

*Please pay directly into our bank account. We aim to process applications virtually and in a timely manner.*

- Payable to NZSDRT Inc. **Account 03 1559 0022619 00.**
- **Reference your FIRST AND LAST NAME only**
- *Please be aware that we will not process any applications without payment and we do not accept Cheques.*
- **We strongly recommend that you send all documents directly to the registrar email [dtregistrar@diversionaltherapy.net.nz](mailto:dtregistrar@diversionaltherapy.net.nz) and keep a copy for your records.**

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## **Applicant's Declaration**

- ✓ I have read and agree with the NZSDRT Inc. Code of Ethics and Standards of Practice.
- ✓ I agree to NZSDRT Inc. seeking further information at its sole discretion before approving my registration
- ✓ If my application is successful, I agree for my name to be added to the public list of Licensed/Registered Diversional and Recreational Therapists that is published from time to time on the website or in print.
- ✓ My current fee after becoming a Licensed/Registered Diversional and Recreational Therapist is \$115 Inc. GST.
- ✓ My name will be removed from the published list **IF** I fail to renew my license and keep my fees up to date.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Next Review 08/2024 *Office use only*

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