



Hospital Play Specialists Association of Aotearoa/New Zealand Inc.

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APPLICATION FOR RE-REGISTRATION AS A HOSPITAL PLAY SPECIALIST IN NEW ZEALAND SUBJECT TO CONFIRMATION

1. PERSONAL DETAILS

First Names

Surname

Date of Birth

Previous Name

(if used on any documents)

Sex (M/F)

Address for Mailing

Tel No.

E-Mail Address

Registration Number

Are you a current member of the Hospital Play Specialists Association?

Yes

No

NOTE: Membership of the HPS Assoc must be maintained throughout the Subject to Confirmation period

2. SUBJECT TO CONFIRMATION

Please indicate why you are applying for re-registration subject to confirmation:

- Unable to meet employment hours requirement within the last three years
- Unable to meet professional development hours requirement within the last three years
- Membership of the Hospital Play Specialists Association has lapsed
- Not currently employed by a District Health Board or the Hospital Play Specialists Association

Comments:

3. DECLARATIONS

NOTE: If you answer YES to any questions, you must provide further information on a separate sheet.

Have you ever been convicted of a criminal offence? Yes No

Have you ever been dismissed from any teaching, hospital play specialist or child life specialist position in any country? Yes No

Have you ever had teacher registration, hospital play specialist registration or child life specialist certification refused or cancelled in any country? Yes No

Do you have any physical or mental health condition which may affect your fitness to be a hospital play specialist? Yes No

• I

do solemnly and sincerely declare that to the best of my knowledge and belief, all of the information given above is entirely true and correct. I understand that the Registration Council may contact any institution or persons mentioned in this application to verify the information provided.

- I understand that this information is confidential to the Hospital Play Specialist Registration Council and will be shared within the Council for registration purposes.
- I have read the Code of Ethics of the Hospital Play Specialists Association of Aotearoa/New Zealand and agree to abide by the principles.

Signature

Date / /

FOR HOSPITAL PLAY SPECIALIST REGISTRATION COUNCIL USE ONLY:

Application received (date):

Application considered (date):

Further information requested (date):

Date approved:

Date declined:

Registration number and year:

Re-registration STC valid until (date):

Signed (HPSRC)

Date