



**APPLICATION FOR REGISTRATION AS A HOSPITAL PLAY SPECIALIST
IN NEW ZEALAND**

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

Have you applied to the Registration Council before for registration as a Hospital Play Specialist in New Zealand? Yes No

Are you a current member of the Hospital Play Specialists Association? Yes No

2. HOSPITAL PLAY SPECIALIST EMPLOYMENT

Name of Hospital you are currently employed in: Start Date

Previous Service

Position	Employer	Full time or Hours per week	Date from	Date to



3. RELEVANT TERTIARY QUALIFICATIONS

Name of Qualification	Year Awarded	Name of Institution	Length of Course	Part or Full Time

For payment by INTERNET BANKING:

Account number 12-3056-0743333-00

Payment date

Please put your name in particulars and "REG" in reference

For payment by CREDIT CARD:

Credit Card Number Expiry date

Cardholder's Name

Cardholder's Signature

5. STATISTICAL INFORMATION

Which ethnic group do you identify with?

- NZ European/
Pakeha European NZ Maori Pacific Island Asian Other

What is your principal qualification as a hospital play specialist?

- Teaching: Early Childhood Primary Secondary

or

Other, please specify:

In which country did you complete your principal qualification?

- New Zealand Australia UK Canada South Africa Pacific Island USA Other



5. STATISTICAL INFORMATION (cont)

What other relevant tertiary qualification do you hold, if any?

How many years have you been a hospital play specialist?

0 -3

4 – 8

9 -15

16+

Currently, where is the majority of your professional time spent?

Working with
children

Administration/
Management

Provision of Professional
Development

Other

6. DECLARATIONS

Have you ever been convicted of a criminal offence?

Yes

No

Note: Applicants may be asked to complete the Ministry of Justice Form Priv/F2 authorising Request by Third Party Under the Official Information Act 1982 for a copy of an Individual's Criminal Convictions Held on the Ministry of Justice's Computer Systems
(See www.justice.govt.nz/services/criminal-records/forms/request-by-third-party.pdf)

Have you ever been dismissed from any teaching, hospital play specialist or child life 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 ability to carry out a hospital play specialist role safely and satisfactorily? *

Yes

No

NOTE: Explanations of any "Yes" declarations:

Details are attached of any "Yes" answers I gave to Question 6.

• 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 confirm that I can speak and write clearly in an official language of New Zealand.
- I understand that the Registration Council may contact any institution or persons mentioned in this application to verify the information provided.
- Other than as stated in the preceding clause, I understand that the information contained in this application is confidential to the Hospital Play Specialist Registration Council and will be shared with the Council for registration purposes.



6. DECLARATIONS (cont)

- 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

**In considering this, the HPSRC will distinguish between any mental or physical condition that affects an applicant's ability to carry out the hospital play specialist role satisfactorily, and any disability that an applicant has that does not impact on that ability. The HPSRC is aware of its obligations not to contravene the Human Rights Act 1993 by unlawfully discriminating.*

FOR HOSPITAL PLAY SPECIALIST REGISTRATION COUNCIL USE ONLY:

Application received (date):

Application considered (date):

Further information requested (date):

Date approved:

Date declined:

Documents returned (date):

Registration number and year:

Signed (HPSRC)

Date