



**APPLICATION FOR RE-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

Registration Number Current Registration status: Full Subject to confirmation

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

2. HOSPITAL PLAY SPECIALIST EMPLOYMENT

Employment over the three years prior to application for re-registration:

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

Outside of your employment, have you contributed in other ways to the Hospital Play Specialist profession over the past three years? Please state:



3. RE-REGISTRATION FEE

The fee of **NZ\$40.00** must be paid before processing begins.

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

4. 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.



4. 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