



**APPLICATION FOR RENEWAL OF REGISTRATION SUBJECT TO CONFIRMATION
AS A HOSPITAL PLAY SPECIALIST IN NEW ZEALAND**

1. PERSONAL DETAILS

First Names

Surname Date of Birth

Previous Name
(if used on any documents)

Address for Mailing

Tel No. E-Mail Address
Work

Private

Registration Number

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

Yes

No

NOTE: Membership of the HPSAANZ must be maintained by 28th February annually throughout the Subject to Confirmation period. Failure to maintain HPSAANZ membership will mean Registration STC will be lapsed in March.

2. SUBJECT TO CONFIRMATION

CURRENT EMPLOYMENT (*if employed*)

Name of employer

Role

Please indicate why you are applying for renewal of Registration subject to confirmation:

1. Unable to meet requirements for renewal of FULL Registration

-Unable to meet professional development hours requirement within the last three years

Or

-Membership of the Hospital Play Specialists Association lapsed

OR

-Not currently employed

2. Currently Registration STC. Applying for renewal of NZHPSReg STC:

3. Lapsed Registration -applying for STC to commence return to FULL Registration



3. RENEWAL OF REGISTRATION FEE

The fee of **NZ\$40.00** for **renewal of Registration STC** must be paid before processing begins.

Payment is direct through the Hospital Play Specialist Association of Aotearoa/New Zealand website www.hospitalplay.org.nz/manage-your-registration

Please ensure that the code **REG** is identified as a payment reference for any payment for Registration.

Date payment of fee for Full Registration application completed/...../.....

Please note: Membership of the Hospital Play Specialist Association of Aotearoa/New Zealand must have been completed to allow payment through the website process.

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: (print full name)

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.



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:

Renewal of Registration STC valid until (date):

Signed (HPSRC)

Date