

**APPLICATION FOR REGISTRATION UNDER THE
TRANS TASMAN MUTUAL RECOGNITION (WA) ACT 2007
STATUTORY DECLARATION**

I,
Title Given Names Family Name
of
Address Postcode
and (.....) and hereby apply for
Telephone Number Date of Birth
registration as a psychologist in Western Australia and declare as follows in support of my application:

1. Qualification

My psychological qualification is
Degree/Diploma Full Description
which was awarded by
Institution
in in
State/Territory Year

2. Basis of application

I make application because of my existing registration as a psychologist in New Zealand in accordance with the provisions of the Trans Tasman Mutual Recognition (WA) Act 2007.

My registration in New Zealand is current until
Date

and my registration number is
Registration No.

I have attached a document (current practising certificate) evidencing my existing registration in New Zealand and the document is the original or a complete and accurate copy of the original.

3. Current registrations

I have current registration as a psychologist in the following States and Territories of Australia:

State/Territory	Date registered to	Registration No.
.....
.....
.....

4. Disciplinary proceedings

I am not the subject of disciplinary proceedings in New Zealand or any State or Territory of Australia (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my occupation as a psychologist.

5. Cancellation or suspension

My registration has not been cancelled nor is it currently suspended in New Zealand or any State or Territory of Australia as a result of disciplinary action.

6. Criminal or civil disciplinary proceedings

I am not personally prohibited from practising as a psychologist in New Zealand or any State or Territory of Australia, nor am I subject to any special conditions in carrying on that practice, as a result of criminal, civil or disciplinary proceedings in New Zealand or any State or Territory of Australia.

7. Special conditions

No special conditions apply to my practice of psychology in New Zealand or any State or Territory of Australia. (If special conditions do apply, please tick this box and attach full details of those conditions.)

8. Enquiries and information gathering

I consent to the making of enquiries of, and the exchange of information with, the authorities in New Zealand or any State or Territory of Australia regarding my activities as a psychologist or otherwise regarding this Application for Registration.

9. Registration fee

I enclose a cheque or cash in payment of the registration fee of \$.....

10. Professional Indemnity Insurance

I confirm that I am aware of the Board's requirement that it is a condition of registration that I am covered by a Professional Indemnity Insurance Policy which meets the Boards requirements (as outlined in the guidelines) and herewith enclose evidence of that Insurance.

I sincerely declare that this declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005* at

_____ on _____
Place Date

Signature of Applicant

In the presence of: _____
Signature of Authorised Witness

Name of Authorised Witness Qualifications of Authorised Witness

NOTES

1. This application form must be accompanied by:
 - A cheque (or cash) for the appropriate fee payable to Psychologist Registration Board of Western Australia.
 - The original or a complete and accurate copy of your current practising certificate issued by the New Zealand Psychologists Registration Board. If that Authority does not issue an annual practising certificate, a letter or certificate of good standing will suffice.
 - Details of the special conditions (if any) applying to your registration in New Zealand or any State or Territory of Australia.
2. A Statutory Declaration may be witnessed by an authorised witness in accordance with the *Oaths, Affidavits and Statutory Declarations Act 2005*.

The application may be rejected unless it is properly witnessed and includes the full name, address and occupation of the witness.
3. All attachments to this application (other than your cheque or cash) must be clearly marked with the following words "This is the attachment referred to in the Statutory Declaration of [] declared on the [] day of [] 20[]."
4. A recent passport style photograph signed on the back and certified as a true likeness should be attached to this form. You must also provide proof of identity to enable your existing registration to be verified. Acceptable proof of identity includes a Driver's Licence, Passport, Birth Certificate or Certificate of Australian Citizenship.
5. An incomplete application may not be accepted by the Board and may result in deferral of the right to practise.
6. Statements or information given in this application which are materially false or misleading may result in postponement or refusal of registration.