



NEW ZEALAND SOCIETY OF DIVERSIONAL THERAPISTS INC
Te Kāhui Kaihamanu Kanorau o Aotearoa

To Improve the Quality of Life of the People in Our Care Through Diversional Therapy

Registrar
P.O. Box 6264
Upper Riccarton
Christchurch 8442

®

**Application for
REGISTRATION as a QUALIFIED DIVERSIONAL THERAPISTS**

1. Name: _____ Ph No: _____

2. Address: _____ Fax No: _____

Post Code: _____ Email: _____

3. Female / Male: _____ Date of birth: _____

4. You must have two (2) full consecutive years of **current** Membership of the Society? Yes

5. Current Position: _____

6. Practical work experience in Diversional Therapy, i.e. place worked/years etc, including current workplace:
Attach details if more space is needed (Place question number ie.6 on the relevant paper attached)

7. Evidence of current education relating to Diversional Therapy i.e. Conferences, workshops, in-services (signed by Manager) you have attended in the last twelve months: _____ Yes

8. Current written & signed reference from supervisor or professional Colleague attached: _____ Yes

9. The names and contact addresses of two referees who are willing to comment (confidentially) on Applicant's personal and professional suitability:

Name: _____ Name: _____

Position: _____ Position: _____

Phone: _____ Phone: _____

After Hrs Ph: _____ After Hrs Ph: _____

The Society is run by members who are also employed; this necessitates making phone calls outside working hours. Please supply an afterhours contact if possible.

10. Have you ever been declined or had registration suspended or cancelled by any Organisation? Yes - No

If yes, which Organisation/s: _____

11. Are there any other matters of which the Registration Board should be aware, which may affect this application? Yes –No

If yes, please explain: _____

12. Fees Registration costs \$25 plus administration fee \$10 included. **Total \$35** Yes

13. **Consent for Police Disclosure Form enclosed.** Yes

14. **Declaration: Please sign the following declaration:**

I have read and agree to observe the NZSDT Inc. Code of Ethics and Standards of Practice.

If my application is approved I agree to my name being added to the list of registered members that is published from time to time on the website or in print.

Signature: _____ **Date:** _____

1. NZSDT Inc reserves the right to seek further information at its sole discretion before approving registration.
2. Name will be removed from published registered members list if registration lapses or is discontinued.

Office Use Only - Signed Complete: _____ Date _____

1. Approved/Declined Badge Number _____ Badge Date _____

2. If declined – reason:

3. Police Form: Received _____ Sent to Police _____ Received from Police _____

4. Entered Accounts System Date _____

5. Entered Database Date _____

6. Check database for - Current membership Tick () & 2 consecutive years of membership. Tick ()

7. Receipt (Place stamp here)