



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

Registrar
P.O. Box 6264
Upper Riccarton
Christchurch 8442

REGISTRATION RENEWAL FORM

1. Full Name: _____ Ph No: _____

Address: _____ Mobile No: _____

_____ Email: _____

2. Current employer(s) and description of facilities, i.e. Dementia Unit, Hospital, Day Care etc:

3. Qualified Badge No: _____ Registration Date: _____

4. Current Position: _____

Note: Use a separate piece of paper to answer No: 5, 6, 7, 8 and 10

- Practice of Diversional Therapy – areas of clients needs, individual and group, Diversional therapy, range of working environments, participation in Multi-Disciplinary team (refer to 6.1a in the Registration Handbook)
- Provide copies of your Continuing Diversional Therapy Education during the last twelve months i.e. Conferences, Workshops, formal education courses. In services (To be signed by your Manager) (refer to 6.1b in the Registration Handbook)
- Provide a summary of Professional Activities i.e. Supervision of Diversional Therapy peers etc (Refer to 6.1c in the Registration Handbook)
- Participation in new initiatives, involvement and/or leadership of organisations national or local level etc (Refer to 6.1d in the Registration Handbook)
- The names and contact details of two Referees to be contacted to discuss your Professional development and Performance: **(Referees need to be connected to the workplace, in a position of authority and have worked with candidate)**

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. Any other relevant information applicable to this application. Yes / No

11. **Registration fee included:** \$25.00 Yes

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

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

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 ()

7. Receipt (Place stamp here)