

# Application for Registration in the General Scope of Practice: Osteopath

For New Zealand Qualified and Overseas Applicants with  
Approved Qualifications



**You must read the 'Information for Applicants' document before filling in this form. Please note that incomplete or incorrect applications will not be processed.**

**Privacy Statement:**

The information in the application is required so that the Osteopathic Council can consider whether you may be registered as an osteopath in New Zealand. The Council will also provide some of the personal information it collects to the Ministry of Health which is required for the New Zealand Health Practitioner Index (HPI). It is personal information in terms of the Privacy Act 1993. The information on the register may also be passed to the Health and Disability Commissioner. You may apply to view all or any of your personal information that is held by the Osteopathic Council and, if necessary, correct the information.

**Please print all details using a black pen.**

**1. PERSONAL AND CONTACT DETAILS**

Ms  Miss  Mrs  Mr  Dr  Other: \_\_\_\_\_

**Family Name/Surname:** \_\_\_\_\_

**Given/First Name(s):** \_\_\_\_\_

(Show names from your birth certificate or passport unless your name has been legally changed)

**Previous Name(s):** \_\_\_\_\_ **Date Name Changed:** \_\_\_\_\_

(Enclose evidence of change of name, for example by marriage or deed poll)

**Date of Birth:** \_\_\_\_\_ **Gender:** Male  Female

**Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Email (1):** \_\_\_\_\_ **Email (2):** \_\_\_\_\_

**Telephone Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Mobile number:** \_\_\_\_\_

## 2. QUALIFICATIONS

In order to be eligible for registration, practitioners must either:

have a Master of Osteopathy awarded by Unitec New Zealand (attach a **certified** copy of your qualification) or have submitted their thesis for marking. *\*Please see note below.*

OR

have a qualification listed on the schedule of qualifying overseas qualifications as shown on our website. Please provide a **certified** copy of your qualification.

*\* Please indicate the date when you completed the clinical component of the Master of Osteopathy programme \_\_\_\_\_ If it is longer than six months since you completed the clinical elements of your MOst degree, you may be required to undertake a further supervised clinical course in order to satisfy Council that you have current clinical competency. Each case will be considered individually.*

## 3. FITNESS FOR REGISTRATION

Before you can be registered, the Council must be satisfied that you are fit for registration in terms of section 16 of the Health Practitioners Competence Assurance Act.

### a) Record of Criminal Convictions

Do you have convictions of a criminal or civil nature, which have not been fully disclosed to the Osteopathic Council in any attachment to this application?

Yes  No

You must provide a Consent to Disclosure form (NZ), ACRO Police Check (UK), FBI Criminal Conviction Information/Fingerprint Information (USA), Police Clearance Certificate (SA), or equivalent.

A Police Criminal Conviction History certificate will be required from each country that you have resided in for 12 or more months.

### b) Do you have a mental or physical condition that could adversely affect your ability to practise osteopathy?

*Note: any physical or mental condition will not necessarily prevent you from being registered as an osteopath but each situation will be considered by the Council on a case-by-case basis.*

Yes  No

If YES, please provide details and any supporting documentation: \_\_\_\_\_

\_\_\_\_\_

### c) Professional Conduct

(i) Are you, or have you ever been, the subject of professional disciplinary proceedings in New Zealand or another country?

Yes  No

If YES, please provide details and supporting documentation such as reports/determinations, on the complaint or charge made against you and the outcome of the proceedings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(ii) Are you subject to an order of a professional disciplinary tribunal in New Zealand or another country, or to an order of an authority or similar body in another country?

Yes  No

If YES, please provide details and supporting documentation such as reports/determinations/copy of the order:

---

(iii) Are you currently under investigation in New Zealand or another country for any matter that may be the subject of criminal or professional disciplinary proceedings?

Yes  No

If YES, give details: \_\_\_\_\_

---

(iv) Are you or have you ever been the subject of a complaint to the New Zealand Health and Disability Commissioner, the New Zealand Privacy Commissioner, or an equivalent officer in another country?

Yes  No

If YES, give details, and provide supporting documentation such as reports/determinations:

---

---

(v) Have you ever been refused registration or had your registration cancelled by an Osteopathic Registration Board or Council in New Zealand or another country?

Yes  No

If YES, please give details: \_\_\_\_\_

---

#### 4. RESEARCH

Occasionally, registrants may be invited to participate in research projects for various reasons. Would you like an invitation to participate in these projects?

Yes  No

## Supporting information

### 5. Curriculum vitae

Please attach your curriculum vitae, which should include details of your work experience since qualification and, if applicable, evidence of recent osteopathic practice (for example, a letter from your current or last employer, practice partner or practice director or manager).

### 6. Registration in a country other than New Zealand

If you are currently, or have previously been, practising in a country where there is compulsory registration, you are required to provide a letter of good standing from the registration authority in that country. You will need to contact your registration authority and ask for a letter of good standing.

### 7. Registrations with Other Health Practitioner Authorities in New Zealand

If you are currently, or previously have been, registered with another Health Regulatory Authority, e.g. The Nursing Council, you are required to provide a letter of good standing from that registration authority.

Health Practitioners Index - The National Index of Health Practitioners

If you have previously been allocated an individual number, known as a CPN number or a HPI number, for any health occupation other than osteopathy please note it here: \_\_\_\_\_

### 8. References

Please provide two character references. Referees should complete the attached Certificate of Good Character forms. References must be no more than six months old at the time your complete application is received by the Osteopathic Council.

Referees must be persons of good standing in the community who have known you for at least one year. You cannot ask a relative, your partner, or someone employed by you to provide a reference. The person must understand the purpose of completing the reference.

### 9. Birth Certificate/Passport – Evidence of Change of Name<sup>1</sup>

The Council is required to confirm your identity with certainty and you will be registered under your full legal name. You must attach a certified copy of either your birth certificate or your passport to the application form (not both). Please do not send originals. (See the note below about certification of copies).

If your current name is different from the name on your birth certificate/passport or on any certificate of good standing that you supply you must also attach a certified copy of evidence of your legal change of name, for example a certified copy of your marriage certificate.

### 10. Photograph

Attach a colour, passport-sized photograph of yourself. The photograph should not be more than six months old and should be endorsed on the reverse with the words: "This is a true likeness of [your name]" by the person who witnesses your statutory declaration.

---

<sup>1</sup> A certified copy is a copy of a document that has been certified by a justice of the peace, notary public, solicitor or similar.

## REGISTRATION IN A SCOPE OF PRACTICE

**I hereby apply** to be registered in the following Scope of Practice: **General Osteopathic Scope of Practice**

**Osteopaths are primary healthcare practitioners.** Central to the competent practice of osteopathy is an understanding of the role of the primary care team and referral routes within the primary care team and to hospital based services.

**Osteopathy is a person-centred form of manual medicine informed by osteopathic principles.** Osteopathic medicine is not confined to historical osteopathic knowledge; rather osteopathic philosophies and concepts inform the interpretation and application of interdisciplinary knowledge and the basic medical sciences. Osteopathic medicine is an evolving field of knowledge and incorporates new concepts as our understanding of health and disease progresses.

**Osteopaths treat people and conceptualise health and disease within a broad holistic bio-psycho-social and environmental context.** Osteopaths have a particular interest in conditions of the neuro-musculoskeletal system and the management of pain. Osteopaths seek to prevent disease and promote health by empowering patients through sharing knowledge on lifestyle choices that improve health outcomes.

**Osteopathic practice may be situated within a continuum of healthcare and wellness,** with osteopaths applying evidence-based approaches to the management of named pathologies and conditions through to promoting wellbeing through supportive treatment.

**The competent practice of osteopathy clearly requires broad diagnostic competencies** and a differential diagnosis is required to determine if a structural diagnosis and the use of osteopathic manual treatment (OMT) is appropriate. Although osteopathic practice is often defined by OMT, the practice of osteopathy is not limited to a structural diagnosis and OMT. Whilst there may well be a somatic component to disease, OMT may not be a suitable or principal modality in every presentation.

**Osteopaths work across the lifespan** and may treat individuals from birth to old age, or deliver services in group settings. Professional knowledge may be applied in a range of settings not limited to clinical practice, such as health promotion, education and research, health policy and healthcare management.

**I understand** that the information that I have provided is to be used by the Osteopathic Council and its agents for the purposes of considering my application and may be disclosed to agents of the Council for these purposes.

**I understand** that the Council is authorised to obtain further information from me or any other person or organisation concerning this application under the Health Practitioners Competence Assurance Act 2003. I further understand that before the Council questions any other person about me, the Council must advise me about the identity of the person or persons to be questioned and the nature of the questions.

**I understand** that personal information collected by the Osteopathic Council, being public register information plus my address, date of birth, and gender, may be made available to the Ministry of Health for inclusion in the Health Practitioner Index.



# CERTIFICATE OF GOOD CHARACTER (1)

**Referee to complete this section:**

I hereby certify that I have known

\_\_\_\_\_ *(applicant's name)*

for \_\_\_\_\_ years.

Please comment on your knowledge of the applicant AND INCLUDE reference to the applicant's character, reputation and any other matters you consider relevant to the application for registration.

[This section must be completed fully by the Referee before the Council can consider this certificate]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to supply additional information to the Council if required.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Occupation/Position of Responsibility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (work): \_\_\_\_\_ (home): \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

## CERTIFICATE OF GOOD CHARACTER (2)

### Referee to complete this section:

I hereby certify that I have known

\_\_\_\_\_

*(applicant's name)*

for \_\_\_\_\_ years.

Please comment on your knowledge of the applicant AND INCLUDE reference to the applicant's character, reputation and any other matters you consider relevant to the application for registration.

[This section must be completed fully by the Referee before the Council can consider this certificate]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I agree to supply additional information to the Council if required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Occupation/Position of Responsibility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (work): \_\_\_\_\_ (home): \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_



## FOR NEW ZEALAND UNITEC GRADUATES ONLY

This form is to be completed by your Head of School (or their delegate).

*Section 16(d) of the Health Practitioners Competence Assurance Act 2003 provides that the Osteopathic Council of New Zealand shall not register any person as an osteopath if it is satisfied that the person is unable to perform the functions required of an osteopath because of some mental or physical condition.*

*Sections 45(4) & (5) provides that this information may be supplied by your Head of School.*

**Applicant To Complete** - I \_\_\_\_\_ declare that I suffer from no physical or mental condition or disability that could adversely affect my ability to practise as an osteopath. I consent to the Head of School (or delegate) providing this assessment to the Osteopathic Council.

(signature) \_\_\_\_\_

### **Head of School (or delegate) to complete**

I hereby certify that I have known

\_\_\_\_\_ for \_\_\_\_\_ years.

(applicant's name)

My knowledge of the applicant does not suggest any condition that I feel should be brought to the Osteopathic Council's attention

**Or**

My knowledge of the applicant suggests the following conditions which could have an effect on the applicant's ability to practise as an osteopath and I feel should be considered by the Council:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to supply additional information to the Council if required.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_