

Te Poari o ngā Kaihauumanu
Hinengaro o Aotearoa

The Psychotherapists Board
of Aotearoa New Zealand

Statement template

You only need to complete this form when a statement is required.

Please use a new form for every statement you make.

This statement is in relation to:		
a) <i>Communication</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) <i>Physical and mental health</i> Please ensure you provide information including the details of the condition or impairment, duration of treatment and how you manage your mental or physical condition/impairment in relation to practising psychotherapy, confirmation that your supervisor is aware of this condition/impairment and any other supports you already have in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) <i>New Zealand record of criminal history</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) <i>Overseas police check</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) <i>Competence</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) <i>Professional conduct</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) <i>General</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I

solemnly and sincerely declare that:

Full name:

Signature:

Date: